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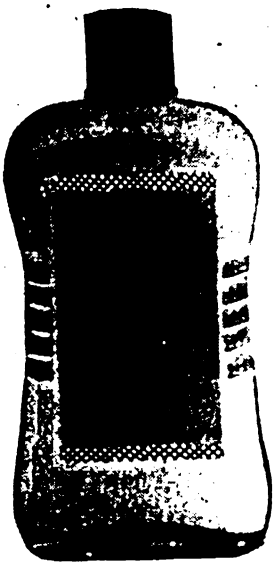

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The Canadian Nurse

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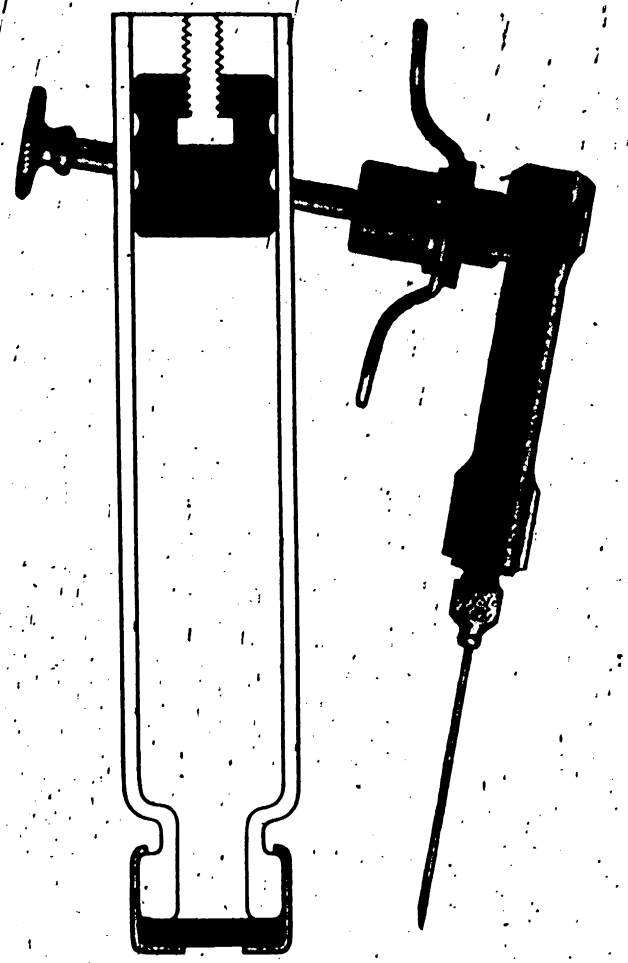

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Between Ourselves

There is a well known cartoon that shows two mules, tethered together, straining at opposite ends of their harness to reach their coveted piles of hay. Neither can get near it. Then they hit upon the brilliant idea of going together to each pile—***teamwork.***

It must have been something of that sort that our guest editor, **J. Frances Ferguson,** had in mind in writing her editorial. She is in an excellent position to know the value of using every member of the team effectively for she is registrar-consultant of the School for Nursing Aides, Calgary, Alta. The 775 qualified aides that she refers to are products of this school.

Miss Ferguson, who is president of the Alberta Association of Registered Nurses, is a native daughter of Edmonton. She graduated from the Royal Alexandra Hospital and joined the staff of the pediatrics division. Later she went to the Children's Memorial Hospital, Montreal, for post-graduate study, following which she joined the staff there in charge of the isolation ward, then as assistant night supervisor.

In 1942 she enlisted with the R.C.A.M.C. and saw active service in England, France, Belgium, and Holland. Soon after her return home in 1945, Miss Ferguson joined the Canadian Vocational Training Staff. An energetic woman, she finds time in her busy life for choir work in Calgary.

* * *

Another aspect of teamwork is reflected in the pair of articles by **Evelyn Pepper** and **Marion C. Pennington.** As instructor and student they both participated in the first of the series of lectures and discussion on ***Nursing in A.B.C. Warfare.*** Miss Pepper gives us a glimpse of the program as it was carried out under the sponsorship of the federal Civil Defence authorities all across Canada.

Miss Pepper notes in her report that a total of 611 nurses, representing all branches of nursing, had participated in this period of study. They in turn have returned to their local communities to launch the monumental task of briefing their colleagues on what may be required of them. The nurses of Canada will not be found wanting should a call to emergency action ever come.

Mrs. Pennington gives a bird's-eye view of participant reaction to these lectures. Mastering the intricacies of atomic fission was only one of the problems. The recommendations that arose out of their group discussions in Halifax were closely paralleled all across the country. Nurses are definitely becoming Civil Defence-minded.

* * *

Still another side of the total picture of teamwork is shown in the newly developed program at Sunnybrook Hospital, Toronto, of which **Agnes J. Macleod** writes. The teaching opportunities in an institution of that size and diversity of patient material have been lost so far as nursing is concerned until the ***new course for nursing assistants*** was initiated. Miss Macleod notes that if this program meets with the success its originators hope other D.V.A. hospitals may be used for a similar purpose. This would certainly seem to be one effective response to Miss Ferguson's plea.

* * *

A few months ago we received a request from a subscriber for an article on ***Ladder Diets.*** Mental pictures, reminiscent of the mid-thirties when pole-sitters were trying to establish some sort of endurance records, flashed into our mind. Was some nurse contemplating a long rest on the top of a ladder? Did she want to know what foods would best sustain her for the ordeal?

A quick check with **Jean Trenholme** revealed that the term was applied to the gradual build-up of the diagnosed diabetic patient's diet. The article describing this dietary climb is excellent reference material that will be valuable for many years to come.

* * *

With all the stress that is placed on the highly skilled care that is expected of the professional nurse—student or graduate—there is a grave tendency to overlook the humanitarian impulses that impel most nurses to enter this profession. **M. Jane Stephenson** pulls us up short on this score as she urges that a ***love of humanity*** is a necessary achievement in a successful nurse. Perhaps this is the same ingredient **Dr. H. B. Atlee** has in mind in his brief appeal for a devoted case-room nurse.

NURSE

GARDE

YOUR BLUE CROSS STORY MAY WIN YOU A VALUABLE PRIZE

Most nurses will remember some instance when Blue Cross hospital service has proven of unusual assistance to one of their patients. The Blue Cross Plans of Canada would like to hear YOUR story and are offering two major prizes for the best entries as well as ten additional prizes for best entries from each Province.

★ Entries may be up to 1,000 words and must be mailed to Canadian Nurses' Association, 1411 Crescent Street, Montreal, P.Q., postmarked before midnight April 30, 1952.

★ All graduate nurses and senior students are eligible.

★ Winners will be announced at the Canadian Nurses' Association Convention, Quebec City, June 1 - 6, 1952.

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★ Les articles soumis pourront se composer de jusqu'à 1,000 mots, et devront être postés à l'adresse suivante : Canadian Nurses' Association, 1411 rue Crescent, Montréal. Les enveloppes devront passer par le bureau de poste avant le 30 avril 1952 à minuit.

★ Toutes les gardes-malades graduées, ainsi que les étudiantes de dernière année sont admissibles.

★ Les noms des gagnantes seront annoncés à la Convention de l'Association des Gardes-Malades, qui aura lieu à Québec, du 1er au 6 juin 1952.

Il n'est pas nécessaire que votre composition soit parfaite. La sincérité de votre article sera le point le plus important.

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New Products

Edited by **PROFESSOR F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

OTODYNE

Manufacturer—White Laboratories. Canadian distributor: W. Lloyd Wood, Toronto.
Description—A hygroscopic, analgesic and antipruritic solution containing: Zolamine (N,N-dimethyl-N'-2-thiazolyl-N'-p-methoxybenzyl-ethylenediamine) 1%; Eucupin (isoamyl-hydrocupreine) dihydrochloride 0.1%; Polyethyleneglycol q.s.
Indications—Earache; as palliative adjunct to antibiotic or chemotherapeutic treatment in acute catarrhal otitis media, early suppurative otitis media (prior to perforation of the tympanic membrane), and traumatic or herpetic myringitis. Also for relief of pruritic conditions of external canal.
Administration—Warm before use. Instil 5 drops with affected ear uppermost, maintaining position for 5 minutes. Repeat at 2-hour intervals. Total duration of treatment should not exceed one week.

FERINJEC

Manufacturer—Barlow-Maney Laboratories, Hamilton, Ont.
Description—Stable saccharated iron oxide for intravenous injection. Each 5 cc. represents 100 mg. elemental iron.
Indications—Iron-deficiency anemias.
Administration—Intravenously.

HYOTHEN Tablets, Children's

Manufacturer—Charles E. Frosst & Co., Montreal.
Description—Each pink, sugar-coated tablet, individually sealed in cellophane, contains: Chlorothen citrate 12.5 mg., hyoscine hydrobromide 0.06 mg.
Indications—Prevention and treatment of motion sickness. Should not be administered to children under three years of age.

AMPLUS Capsules

Manufacturer—J. B. Roerig & Co. (Canada) Ltd., Montreal.
Description—Each capsule contains: d-amphetamine sulphate 5 mg., dicalc. phosph. 242 mg., cobaltous sulph. 0.1 mg., cupric. sulph. 1 mg., pot. iodide 0.15 mg., ferrous sulph. 3.33 mg., manganous sulph. 0.33 mg., sod. molybdate 0.2 mg., mag. sulph. 2 mg., pot. sulph. 1.7 mg., vitamin A 5,000 I.U., vitamin D 400 I.U., thiamine HCl 0.5 mg., niacinamide 20 mg., vitamin C 37.5 mg., calc. pantothenate 3 mg.
Indications—Obesity control, especially for the emotionally disturbed patient, the convalescent, the aged, the alcoholic, and during the climacteric. Administer with caution in conditions where vasoconstrictors may be contraindicated.

PROPI-OPHTAL

Manufacturer—Anglo-French Drug Co. Ltd., Montreal.
Description—5% sodium propionate with 0.1% methyl-p-hydroxybenzoate (nipagin).
Indications—Acute, allergic, mycotic, chronic conjunctivitis. Chronic blepharoconjunctivitis, corneal ulcers, and other external ocular infections.
Administration—One drop instilled into each eye, three times daily.

DEXOBARB

Manufacturer—Ingram & Bell Limited, Toronto, Ont.
Description—Each green compressed tablet, scored to permit divided dosage if necessary, contains: d-Desoxyephedrine Hydrochloride, 5 milligrams; Epilol (Phenobarbital I&B) ¼ grain.
Indications—Those conditions where a high dosage of d-Desoxyephedrine Hydrochloride is indicated. The sedative effect of the Epilol together with the anti-depressant action of the d-Desoxyephedrine Hydrochloride work together synergistically to elevate the mood, relieve inner nervous tension, and restore emotional stability.
Administration—In most cases the desired effect may be obtained with a dose of one tablet two or three times daily. Contraindicated in cases of hypertension or cardiovascular conditions.

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Description—A highly potent synthetic analgesic with properties similar to those of morphine. It is from two to four times more potent than morphine and about twice as long in duration. Its margin of safety is approximately equal to that of morphine. Chemically, Dromoran is dl-3-hydroxy-N-methylmorphinan hydrobromide.

Indications—Relief of severe pain, especially intractable pain due to cancer or other tumors. May also be used preoperatively and for post-operative pain relief.

Administration—From 2.5 to 5 mg. (½ to 1 cc.) should be administered by subcutaneous injection or orally (½ to 1 tablet), to be repeated when necessary. When used preoperatively with nitrous oxide, is administered by slow intravenous injection. Subject to regulation under Opium and Narcotic Drug Act.

HEPA-DESICOL Kapseals

Manufacturer—Parke, Davis & Co. Ltd., Walkerville, Ont.

Description—Each Kapseal contains: dl-Methionine 150 mg., choline bitartrate 200 mg., Inositol 50 mg., and Desicol (desiccated whole fresh bile, P.D.) 150 mg.

Indications—Liver disease states characterized by fatty infiltration, as in early cirrhosis, alcoholism, uncontrolled diabetes mellitus, malnutrition. Also for lipemia and hypercholesterolemia.

Administration—2 to 4 Kapseals three times daily with or immediately after meals suggested but amount and duration dependent upon condition, tolerance, and response of patient. Diet should be adjusted to meet low fat, high protein, high carbohydrate, and vitamin requirements.

FOLABIN

Manufacturer—Barlow-Maney Laboratories, Hamilton, Ont.

Description—Each cc. contains: Injectable liver extract 5 U.S.P. units, Folic acid 5 mg., Vitamin B_{12} 25 mcg., phenol as preservative 0.5 cc.

Indications—Macrocytic hyperchromic anemias.

Administration—Intramuscularly.

PAPGENCAINE PASTE

Manufacturer—Chicago Pharmacal Co. Canadian distributor: J. M. Marsan & Co., Montreal.

Description—Each 20 gm. contains: Papain 33.3%, Ethyl aminobenzoate 2%, Gentian violet 0.25%; and aromatics in a special base to ensure prolonged potency.

Indications—Treatment of dry socket, relieving pain, removing necrotic tissue, and promoting healing.

MOL-IRON

Manufacturer—White Laboratories. Canadian distributor: W. Lloyd Wood, Toronto.

Description—Each cc. contains: Ferrous sulphate 125 mg. (25 mg. elemental iron); Molybdenum oxide 1.9 mg.; Alcohol 5%.

Indications—Prevention of iron-deficiency anemia, especially in infants and children.

Administration—Up to 6 years, 0.3 cc.; over 6 years, 0.6 cc.; preferably in small quantity of water or fruit juice.

SOLGANAL

Manufacturer — Schering Corporation Ltd., Montreal.

Description — Aurothioglucose, water-soluble gold compound containing about 50% gold, suspended in oil. Three strengths: 10 mg., 50 mg., and 100 mg. per cc.

Indications — Rheumatoid arthritis.

Administration — Intramuscularly, observing usual cautions with gold compounds.

SEBELLA TABLETS

Manufacturer—John Wyeth & Bro. (Canada) Ltd., Walkerville, Ont.

Description—Each tablet contains: Aluminum hydroxide ($Al_2(OH)_6$) 5 gr.; Extract belladonna 1/8 gr.; (equivalent to 1/640 gr. total alkaloids); Phenobarbital 1/8 gr.

Indications—Combines safe antacid therapy with effective spasmolysis and mild sedation. Control of the peptic ulcer patient who fails to respond to the classic antacid-diet regimen.

Also in the treatment of non-ulcerating gastrointestinal disorders in which hyperacidity and hypermotility are present, such as nervous indigestion, irritable bowel syndrome, mucous colitis, non-specific ulcerative colitis, alcoholic overindulgence, food overindulgence.

Administration—Two tablets three times daily: midmorning, midafternoon and before retiring. One tablet three times daily may supply ample phenobarbital and belladonna for some patients. In such cases, if hyperacidity is pronounced and particularly for the peptic ulcer patient, additional aluminum hydroxide must be prescribed, such as Amphojel or Amphojel Tablets.

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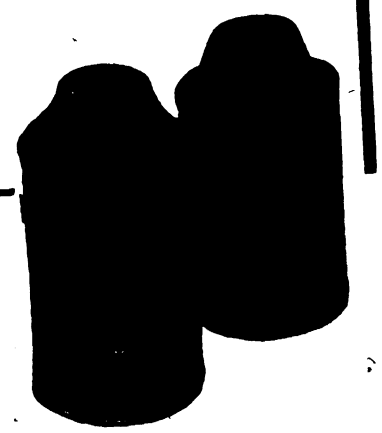

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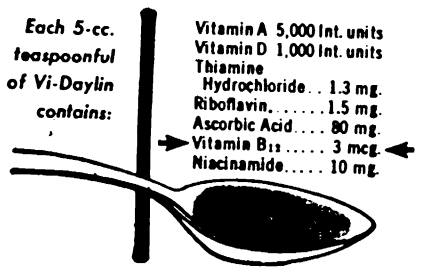
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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-EIGHT *NUMBER FOUR*

MONTREAL, APRIL, 1952

Teamwork

FOR THE PAST few years but more especially since such prominence was given to it at the convention of the Canadian Nurses' Association in Vancouver, the nurses of Canada have been thinking, studying, and talking about ways and means of incorporating the nursing team concept into their everyday work. Teamwork is nothing new and mysterious. Ever since modern nursing began following the medical man's instructions for the care of his patients there has actually been an element of teamwork. Our predecessors were not consciously aware of it as such. It was an integral part of their daily lives.

Recently we have become more alert to the necessity for expanding this earlier idea of teamwork. Surveys that have been made have shown very clearly that nurses are now being called upon to accept many duties hitherto considered outside their normal assignment. It began during World War II when the shortage of doctors necessitated some of their recognized duties being assumed by their co-workers—the nurses. As new responsibilities have been thrust upon nurses, other personnel has had to be trained to pick up the threads where the sheer volume of demand has forced nurses to abandon some of their time-honored practices.

The underlying principle of teamwork is active cooperation between the various workers involved. An understanding of this basis must be

J. FRANCES FERGUSON

kept before the group constantly until it becomes a habit. The team captain who demands cooperation without giving it to her team members would soon be hopelessly lost. Collectively, a great deal more can be accomplished. The end result of this cooperative thinking, planning, and working means not only better care for the individual patients but also a greater feeling of security for the junior members of the team.

Nor is this concept of teamwork something new and foreign. Think of the number of times in our everyday experiences when we enter unconsciously into some form or another of a team. Our recreation and sports—we may play a solitary game of golf but there is more enjoyment when there are other "team members" playing with us. Our welfare activities—untold good has been accomplished by benevolent organizations where many combine their resources for the benefit of others. In most of these there are few paid employees and much of the actual work that is done is donated service. Thus, each of us is, or should be, a member of several different teams. The basic ingredient of cooperation is common to them all.

We have all seen teams at work in emergencies that have arisen within our own borders. Think of the cooperation displayed at the time of the Winnipeg flood, the Rimouski fire, the Fraser Valley flood. True, the demand for nursing service in these disasters was not the most crucial factor. Casualties from the emergency areas were cared for by teams of doctors and nurses who worked in cooperation with those responsible for evacuating the sick and injured to safety. Yet the demands made upon our professions were warnings of the greater call that may be made upon us in the event of a national calamity such as atomic warfare.

Should such an emergency occur, the health teams would be largely responsible for the welfare of the people. This would mean that the medical and nursing professions would be expected to give leadership to first aid, evacuation, and sanitary teams as well as performing their own professional duties. With a certain portion of the medical and nursing workers immobilized because of their own personal injuries, with a goodly number active in military service, it is inevitable that the remainder in the professional groups would have to call upon the services of non-professional and voluntary workers. The time to think about training these people is now, before any vital emergency is upon us.

We have been told that for every person who would be killed in the event of an atomic bomb attack, two would be injured and four rendered homeless. Realizing what these figures mean when translated into our own communities, the magnitude of the problem becomes apparent. How well are we equipped to handle such an emergency?

Taking Alberta as an example, with 124 hospitals and some 2,400 active members in our provincial association, we have only 775 trained nursing aides. Each nurse might be expected to take charge of a group of 20 to 25 non-professional personnel. Should we not be thinking seriously about the training of many more of these people? Our hospitals, which are presently short staffed, could absorb large numbers to form nursing care teams and thus improve the quality of the care being given. A much larger trained group would be available in the event of any emergency.

Teamwork is one answer to today's problems. By the provision of more assistants for work on the nursing team, more registered nurses could be released to give leadership in those endeavors where they are best qualified to assume responsibility.

J. FRANCES FERGUSON
President
Alberta Association of Registered Nurses

Loneliness may prove a greater problem in old age than physical ills and poverty. Where possible, groups should be formed to provide recreation for older people, with opportunities for contact with their contemporaries. —*Selected*

Welcome to Quebec

HON. WILFRID BOVEY, K.C., O.B.E., LL.D.

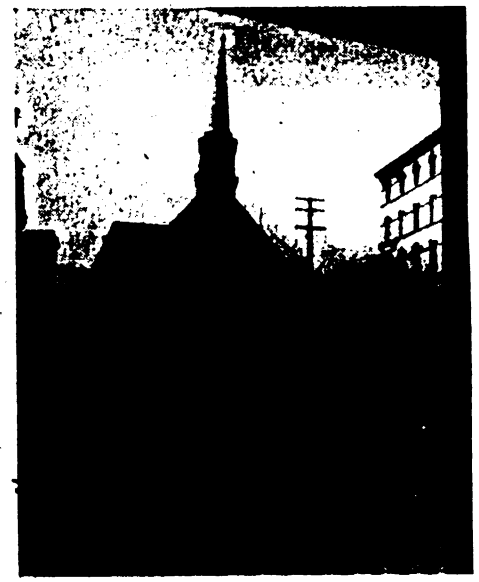
WHEN YOU VISIT Quebec in 1952, you will see a city which the years have changed less than any other place in North America. Looking at Quebec, across the St. Lawrence from the opposite shore, you will see a skyline of fortifications, towers and spires much as you would have seen in the days of the French regime. The Citadel is larger than was the little French fort, the Chateau Frontenac towers above the cliff in place of the small Chateau St. Louis but the spire above Laval University is where it always was. When you do take that look, it should be in the evening with Cape Diamond and the city silhouetted against the sunset, the mauve and red and amber reflected in the sliding water.

When you come to the city itself, particularly in the Lower Town, you will see many streets and many buildings which have scarcely changed their appearance since the Union Jack—it had no cross of St. Patrick then—replaced the Fleur de Lys on the Citadel flagstaff. When you pass the Parliament Buildings, you will see the Fleur de Lys—long vanished from France—flying again, while within you will find other Fleur de Lys, this time decorating the Royal Crown as they have for many generations.

More and more curious—if the Provincial Parliament were sitting and you could understand what went on, you would see—unique in Canada—an Upper as well as a Lower Provincial House conducting their affairs according to the strictest of British precedents—but mostly in French.

Quebec breathes history. Stand in the centre of the Upper Town near the City Hall—you can almost see the first "habitant" planting his first seeds. Look over the river from Dufferin Terrace—in front of the Chateau Frontenac—you can picture Admiral Phipps' little fleet from Boston come to demand the town's surrender. Almost where you are standing, Champlain, Quebec's founder, said in 1629: "I shall answer by the lips of my guns."

Straight below you in the Lower Town, you can see the spire of Notre Dame des Victoires—Our Lady of Victories. Its name was changed from that of Our Lady of Victory when the perils of the St. Lawrence wrecked a British fleet in 1711. But time ran on and if you had stood where you are standing now in 1759, you would have seen the ships of Admiral Saunders' three squadrons come sailing in. By a miracle of seamanship, they had avoided the rocks and reefs of the river and brought a little army under General Wolfe to surprise and capture Quebec. You can, if you like, visit the Plains of Abraham where the battle was fought and the two leaders, Wolfe and Montcalm, were mortally wound-



Office Provincial de Publicité de Québec
Notre Dame des Victoires

Colonel Bovey is a member of the Legislative Council of Quebec and president, Reddy Memorial Hospital, Montreal.

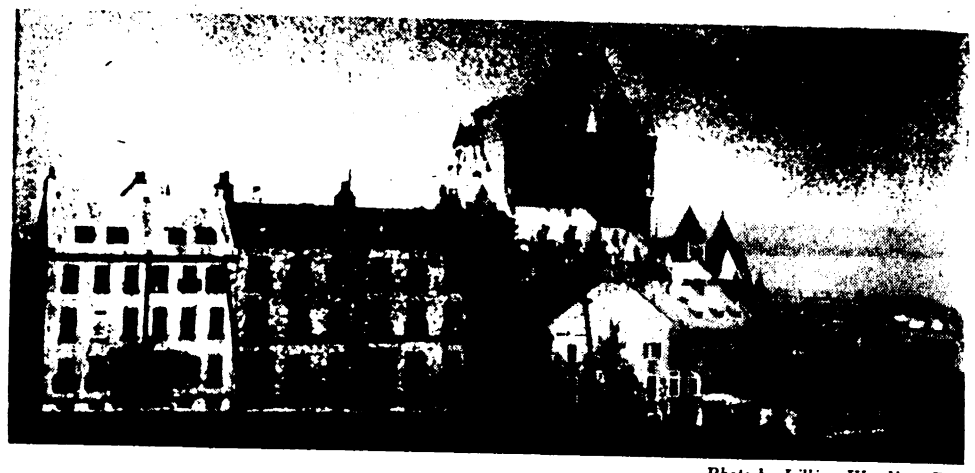


Photo by Lillian Wooding, R.N.

Modern and ancient buildings rub shoulders

ed. That victory made it possible for the American colonies, freed from danger from the North, to declare their independence but it laid, at the same time, the foundations of the Canada of today.

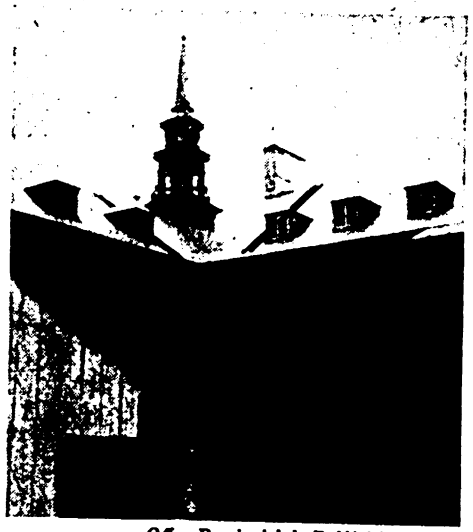
Look again over the railing of the Terrace and along to the West. In 1775, the road ran along the foot of the cliffs where it runs today. Along that road on New Year's Eve, in a blinding snowstorm, came General Richard Montgomery, who had served under Wolfe and was now leading American troops with whom he hoped to take the city. The defenders fired from behind a hastily built barricade. Montgomery was killed and his men fled. Other Americans were attacking elsewhere but their forces, weakened by smallpox and suffering from the bitter cold, had no success. And the French Canadians of Quebec, new subjects of the British Crown, were among its most gallant defenders.

The harbor above which you stand—busy ferries shuttling across it, passenger ships and freighters riding the tides—was always a great port but it has one special claim to fame. From it steamed out in 1831 the *Royal William*, the first vessel to cross the Atlantic *by steam alone*, carrying to the high seas the industrial revolution which has changed the world.

Last, but not least, the Chateau Frontenac, in front of which you stand—my second home for nearly half a century—has its place in history too. Here, in 1943 and 1944, were held the inter-allied conferences which laid out the grand strategy of victory in World War II.

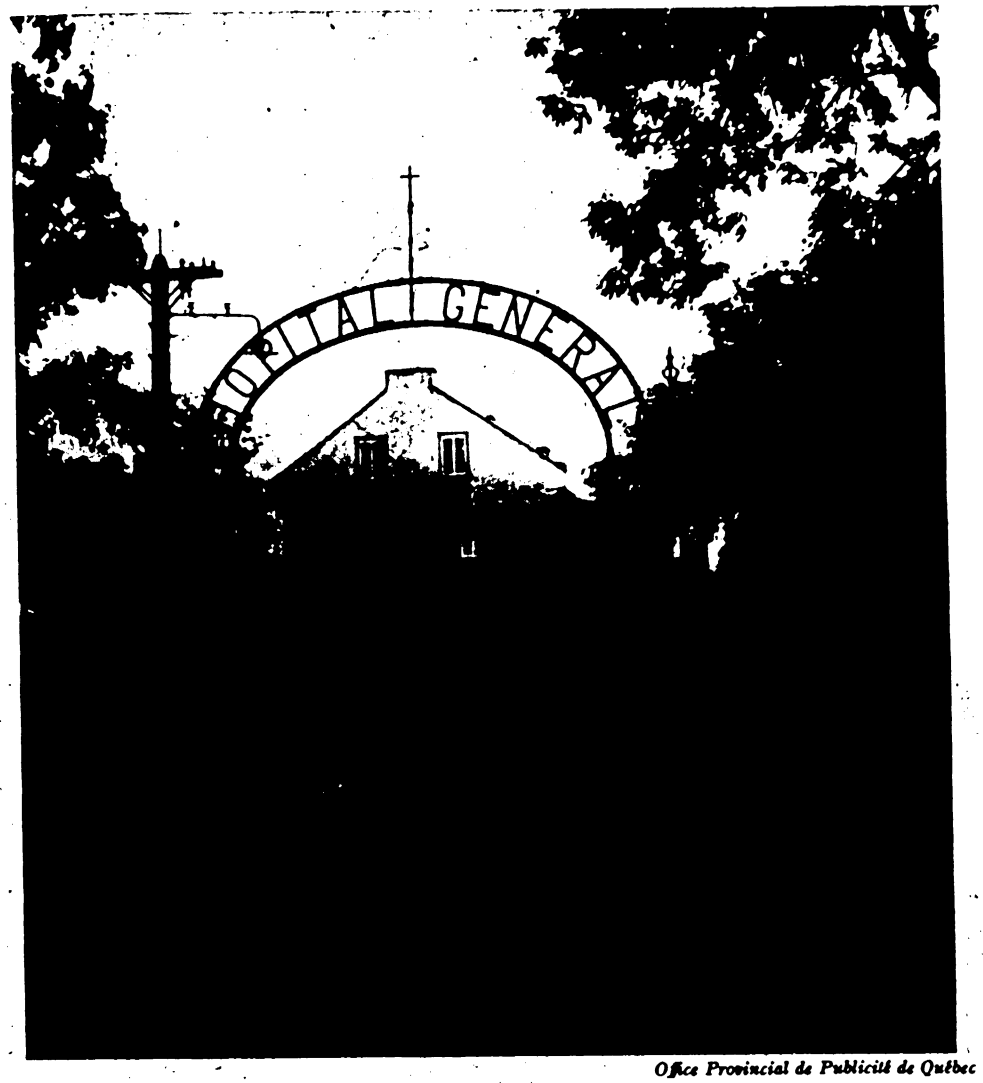
Visit the Citadel and its museum. There is a story too. The plans were made by a famous French engineer, Vauban, but he never had the chance to carry them out—the Royal Engineers did it after the Cession.

Today the Citadel's guardians are the men of the famous Royal 22nd Regiment—the "Vingt Doos." I remember them well in World War I going in 1,000 strong to take a hill. They came through with one officer and 80 men—but they had taken the hill! In the last war their record was just as fine.



Office Provincial de Publicité de Québec

Oldest hospital buildings



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Historic gateway, Hôpital Général, Quebec

There is one building which, if you have a chance to see it, will interest you greatly. It is the home of the Hôpital Général which opened in 1693—long before any other hospital building now operating. Much of its original architecture and wonderful sculpture is still visible. It was a daughter institution of another hospital, the Hôtel-Dieu, which was opened in 1639, operated then as now by a nursing sisterhood. That first home, sad to relate, was destroyed by English guns. The Hôpital Général never had a charter until 1951 and only asked for one then to satisfy a questioning lawyer. The Hôtel-Dieu now has a fine new building and there are many other hospitals in and around Quebec, probably the only city in Canada to have as many beds as it needs.

What about the people you will meet in the street? The vast majority of them are "Canadiens"—French-Canadians, as you would call them. They were the first people to call themselves "Canadian." Three hundred years and more have passed since their ancestors came to these shores from France; they had no intention of returning and they did not return. By 1720, the Island of Orleans, which you can see in the river east of the

city, was solid with farms and many an old manor and ancient house are still standing. The soil of his country, the great river that rolls in solemn grandeur past its houses, the faith of his fathers, the scores of little churches that lift their spires towards heaven, the pride of skill in inherited arts and crafts—all these things made the "Canadien" what he is. And it behooves the rest of us to remember that in 1776, and again in 1812, the Americans' efforts to conquer Canada for the Union were frustrated largely because the "Canadiens" wished to remain Canadian and were quite ready to fight about it.

Today Quebec is in the midst of a rising tide of industrialization. The enormous hydro-electric power, generated by the rivers flowing down from the Laurentians, is centred in this city. There are those who believe that, as an industrial centre, it will surpass Toronto and Montreal. But, come what may, Quebec will always be Quebec and will always welcome you as it does this year.

Mother was a Freshman!

NAIDA MILLS

Yes, indeed! Last summer, Mother was a freshman, attending Columbia University and living in New York's famous International House. I suppose all graduate nurses have, at one time or another, considered furthering their studies at university but most of them fulfil that urge before they become a wife and mother.

There never was any doubt in Mother's mind as to what university she would attend or what course of study she would pursue. Columbia was *the* university and a Bachelor of Science degree in nursing education, majoring in clinical teaching, was the goal.

After bidding farewell to her very broad-minded family, Mother settled back on the train to dream of the lights of Broadway, the Columbia campus, and International House. The following day the "New York Flyer" was travelling along the winding Hudson River with its rugged beauty and its never-ending line of boats — from giant ocean liners down to the small fishing craft. Soon the train stopped with a lurch at Grand Central Station and now the real fun was to begin.

After climbing into one of New York's inimitable taxi-cabs, amid a shower of assorted luggage, Mother settled back to enjoy the New York scene. First there was Broadway with its myriad lights and neon signs looking like a veritable fairy-land. One theatre had a neon display which the taxi driver said cost $80,000!

Now the cab was speeding through Central Park. Even in the twilight the park was beautiful with its lighted driveways, its lakes and picturesque streams. What a beautiful gem of nature nestled in the very heart of this enormous city!

Finally, with screeching brakes, the cab drew up in front of International House. This imposing brick building was to be Mother's home for the next seven weeks. International House is ideally situated on Riverside Drive opposite Grant's Tomb, with the main entrance opening into a lovely park, complete with fountain. The words, "That Brotherhood May Prevail," are carved in stone over the central doorway.

After registering at the office, Mother was shown to her room on the sixth floor. Wasn't she lucky? She had been assigned to a delightful corner room. One window overlooked Riverside Drive, the Hudson River, and the bright lights of the Palisades Amusement Park beyond. The other window faced the park. Across it were the stately towers of Riverside Church. From the room many famous landmarks could be seen — Brooklyn Bridge, the lighted dome of the university's observatory, and part of New York harbor where the silent ships make their way out to the mighty ocean.

Tomorrow was the big day — registration at the university! On the advice of the genial Professor L., who was in charge of students from foreign lands, Mother was at the door of Teachers College by 8:00 a.m. The halls at T.

(*Please turn to page 297*)

Mrs. Mills is clinical instructor at the Moncton Hospital, N.B.

The Ladder Diet

JEAN TRENHOLME

THE SYMPTOMS OF diabetes were recognized as early as the days of Hippocrates. The search for a remedy for this disease has gone on since that time but it was not until the 18th century that there was any specific record of improvement in a diabetic patient due to diet. This diet consisted of bread, butter, meat, and rancid fat in unlimited quantities. The latter item produced anorexia to such a degree that the patient without instruction or coercion remained on a semi-starvation diet to which much of the improvement might well be ascribed.

Down through the years the diabetic patient was subjected to various regimens. There was the period in which the diet contained practically no carbohydrate in an effort to offset the raised blood sugars and excretion of glucose in the urine. During this experiment the patients, unfortunately, frequently succumbed to diabetic coma as the metabolism of carbohydrate is an essential factor in the prevention of coma.

Following this, diets contained limited amounts of carbohydrate with one or two fast days a week being introduced to reduce the accumulated high blood sugar.

During the second decade of the 20th century, Dr. Frederick Allen developed a diet which eventually meant that the adult diabetic, who carefully followed the regime, might live for four to five years even though insulin had not yet been discovered. The life expectancy of a child diabetic, however, was of one year's duration. This type of diet—high in fat, low in carbohydrate—continued in favor until well after the discovery of insulin. Indeed, even today, many clinics still use it in a slightly modified form.

Following the discovery of insulin, which became available to hospitals in 1922, experiments in diet could be made more easily without as much fear of jeopardizing the patient's life. Eventually there emerged from these trials the so-called high carbohydrate-low fat diet. It is with a diet of this type that an attempt will be made to outline the ladder diet.

The term "ladder" used in this instance is exactly what the name implies—the means by which one climbs. In this case the ascent is from a diet low in calories at the outset to one sufficient in calories to maintain weight and permit the patient to carry on with his normal occupation, at the same time keeping blood sugars within reasonable limits. Before proceeding, I wish to explain that I do not intend to imply that this is the only method of handling a ladder diet. It is simply one of the ways in which systematic and uniform daily increases up to a maintenance diet can be made.

Basically, ladder diets are the same, the standard of daily increments varying from one clinic to another but interpreted to the patient in some not too difficult terminology so that actual and visual ideas are obtained. The increases described here are 20 gram carbohydrate portions, the approximate equivalent of one slice of bread. The plan, as outlined, is based on approximate values (originals computed on weighed values and converted to approximate measurements) suitable for establishing and maintaining control in the uncomplicated adult diabetic, with or without insulin as the doctor finds necessary in the individual case. The child diabetic requires a more accurate and detailed dietary regime which is not included in this explanation.

The secret of success in any type of diet is *system*. To accomplish this it needs more than ability on the part

Miss Trenholme is supervisor of the diabetic ward at the Royal Victoria Hospital, Montreal.

of the writer of the diet. The instruction of the patient is the most important single factor involved. Frequently, redirection of the patient's thinking is necessary as their concept of the disease and its sequelae is often erroneous.

Instruction need not necessarily be given by a dietitian although this obviously has its advantages. Physician, nurse, or patient to patient can supply adequate instruction if the instructor correctly estimates the student's ability to assimilate the information. Language difficulties and lack of education present obstacles which are not too difficult to be overcome by the instructor if the method of presenting instruction is varied according to the individual patient. The more knowledge gained by the patient the greater the variety which can be introduced in the menu.

The ultimate aim, the maintenance diet, as mentioned before, must provide for weight maintenance and energy to carry on normal occupation. At any point of increase, if it is found that blood sugars tend to climb beyond the desired levels, insulin is added.

Eleven days are required to complete the average range of increases. The outline is as follows:

Day	*Protein*	*Fat*	*Carbohydrates*
	grams	grams	grams
1	50	50	50
2	60	50	70
3	70	50	90
4	80	50	110
5	80	50	130
6	80	50	150
7	80	50	170
8	80	50	190
9	80	50	210
10	80	50	230
11	80	50	250

Mid-morning, afternoon and evening (bedtime) feedings are usually introduced when the carbohydrate level reaches 150 grams. The total value of these feedings is first deducted from the day's allowance then the remainder is divided into three meals. Any attempt to introduce between-meal feedings prior to the 150-gram level makes the regular meals too small. The morning and afternoon feedings are usually straight carbohydrate in some convenient form, such as an apple or an orange which can be taken to office or school. The evening feeding is of milk and biscuit to assure slower absorption with a longer lasting effect. This is important in safeguarding against night reactions for those taking protamine zinc insulin.

As can be seen from the outline, the schedule ranges from a semi-starvation diet in the beginning to the final figures which represent the average maintenance diet. There are, of necessity, some variations from this plan, based largely on age, sex, and occupation. For instance a young active individual requires more calories than an older person living a sedentary life. Men as a rule require a greater caloric intake than women. Additional calories may be given by increasing the protein to 90 or 100 grams and, in some cases, carbohydrate to 300 grams. The average protein intake for a woman is 80 grams. In the case of older patients, particularly women, or obese patients, where it is desirable to lose weight, carbohydrate may be kept at a lower level varying from 200 to 225 grams.

It is the belief of some physicians that to start at the beginning in treating the elderly patient is too strenuous as it is in a starvation category. In these cases it is not unusual to start halfway up the ladder and maintain the patient for several days on the first step then proceed with the increases.

The final diet is low in calories compared to food consumed by the non-diabetic. It is a proven fact that diabetics can maintain weight on lower calorie diets than most other dietetic standards call for. This is particularly true if a major portion of the calories is supplied by carbohydrate as in this outline.

Sufficient calories and a pleasing menu with satisfactory control of blood sugars are not the only require-

FOODS ARRANGED APPROXIMATELY ACCORDING TO CONTENT OF CARBOHYDRATE

AVERAGE SERVING — ½ CUP (4 OZ.)

VEGETABLES (fresh or canned)

5 per cent		*10 per cent*	*15 per cent*	*20 per cent*
Lettuce	Tomatoes	String beans	Green peas	Potatoes
Cucumbers	Brussel sprouts	Pumpkin	Artichokes	Baked beans
Spinach	Cauliflower	Turnip	Parsnip	Green corn
Asparagus	Eggplant	Squash	Canned lima beans	Boiled rice
Rhubarb	Cabbage	Beets		Boiled macaroni
Endive	Radishes	Carrots		Corn (canned)
Marrow	String beans	Onions		
Beet greens	(canned)	Green peas		
Dandelions	Artichokes	(canned)		
Greens	(canned)			
Celery				

FRUITS

5 per cent	*10 per cent*	*15 per cent*	*20 per cent*
Cantaloupe	Watermelon	Grapes	Plums
Grapefruit ½	Strawberries	Raspberries	Bananas
Tomato juice — ½ cup	Lemons	Currants	Prunes
	Cranberries	Apricots	
	Peaches	Pears	
	Pineapple	Apples	
	Blackberries	Huckleberries	
	Gooseberries	Blueberries	
	Oranges	Cherries	

Fruits canned in syrup should be washed before being used.

1 orange – 3 oz. apple juice (unsweetened)

" " – 4 oz. grapefruit juice (unsweetened)

1 orange – 4 oz. pineapple juice (unsweetened)

" " – 2 oz. grape juice (unsweetened)

" " – 4 medium prunes with juice

" " – small apple or pear

FOOD VALUES

Food	*Grams*	*Measurements*	*Grams of Protein*	*Grams of Fat*	*Grams of Carbohydrate*
Meat—fish	60	2 ounces	12	3	—
Milk	250	1 cup	8	10	13
	125	½ cup	4	5	6
	80	⅓ cup	2	3	4
	60	¼ cup	2	2	3
Egg 1	—	—	7	5	—
Cheese (Cheddar)	30	1" cube	7	10	—
Bread	30	1 slice standard loaf ½" thick	3	—	16
Vegetables 5%	120	½ cup	1	—	5
Vegetables 10%	120	½ cup	2	—	10
Oatmeal (cooked) or cream of wheat	100	½ cup	3	—	15

Substitutions:

1 ounce meat = 1 ounce cottage cheese
1 ounce of cheese (Cheddar or Kraft) minus one piece of butter
1 ounce fish
1 ounce chicken
1 egg

1 square butter 1" x 1" x ⅛" = 2 tablespoons cream 15%
1 tablespoon olive oil or mazola oil

Fruits and vegetables are interchangeable within their percentage groups. All fruits and vegetables ranging from 1 to 5% in actual carbohydrate value are classified as 5 per cent; from 6 to 10% as 10 per cent and so on.

FIRST DAY

Diet on Values of Protein 50 grams, Fat 50 grams, C.H.O. 50 grams

Breakfast	*Amount*	*Protein*	*Fat*	*C.H.O.*
Egg	1	7	5	
Bread or toast				
½" slice (standard loaf)	½ slice	2		8
Butter 1" x 1" x ⅛"	1 piece		5	
Milk	¾ cup	5	7	9
		14	17	17
Dinner				
Lean meat or chicken or fish	2 ounces	12	3	
One 5% C.H.O. vegetable	½ cup	1		5
Cream	2 tbsp.	1	4	1
Butter 1" x 1" x ⅛"	1 piece		5	
Milk	½ cup	4	5	6
One 5% C.H.O. fruit				5
		18	17	17
Supper				
Lean meat or chicken or fish	2 ounces	12	3	
One 5% C.H.O. vegetable	½ cup	1		5
Cream	4 tbsp.	2	8	2
Milk	½ cup	4	5	6
One 5% C.H.O. fruit	½ cup			5
		19	16	18
Total Values		51	50	52

This variation from actual totals is allowable in calculation as it will adjust itself in the actual choice of fruits and vegetables.

ments of a diet. Other components are adequate vitamins and minerals, including calcium in particular. It is the custom of some physicians to prescribe polyvitamin preparations to supplement the diet.

So called "diabetic foods" are not needed. Many are misnomers which, because of advertising, lead the patient to believe that they can be taken without adding additional food value. In truth they add more than ordinary foods do.

This diet is one which, with the exception of desserts, need not differ from the family menu in the choice of foods except for the fact that actually defined amounts have to be used.

Protein content of the diet is obtained from lean meat, chicken, fish, eggs, cheese and milk. Very small amounts from bread and some vegetables are included in this group.

The fat content is obtained from butter, milk, cheese, and salad oils.

The carbohydrate content is derived from bread, fruit, vegetables and milk.

Calculation of diet: For minimal difficulty in balancing food values they should be calculated in the order of protein first, fat second, and carbohydrate last. Many protein foods contain fat and some carbohydrate as well. By balancing the protein value first the fats are easily adjusted with butter, which is pure fat. Carbohydrate is most easily arranged as most fruits contain carbohydrate only thus making balance of this value simple.

The person writing the diet should remember to use suitable portions, that is, amounts that would be served normally.

For practical purposes all lean meat (visible fat removed) may be counted as protein 20 grams and fat 5 grams per 100 grams.

Equipment necessary for measuring diet: A set of standard measuring spoons, a standard measuring cup, and a small inexpensive household

LAST DAY

Diet on Values of Protein 80 grams, Fat 50 grams, C.H.O. 250 grams

Breakfast	*Amount*	*Protein*	*Fat*	*C.H.O.*
One 10% C.H.O. fruit	½ cup			10
Cereal — oatmeal (cooked)	½ cup	3		15
or cream of wheat (cooked)	½ cup			
or cornflakes	1 cup			
Egg	1	7	5	
Bread ½" slice (standard loaf)	2 slices	5	1	31
Butter (1" x 1" x ⅛")	1 piece		5	
Milk	¾ cup	5	7	9
Honey, jam or marmalade	1 tsp.			5
		20	18	70
Mid-morning				
One 10% C.H.O. fruit	½ cup			10
Dinner				
Lean meat or chicken or fish	2½ ounces	15	4	
Potato	½ cup	2		20
One 15% C.H.O. vegetable	½ cup	1		15
One 5% C.H.O. vegetable	½ cup	1		5
Bread ½" slice (standard loaf)	1 slice	3		16
Butter (1" x 1" x ⅛")			5	
Milk	½ cup	4	5	6
One 15% C.H.O. fruit	½ cup			15
		26	14	77
Afternoon				
One 10% C.H.O. fruit	½ cup			10
Supper				
Lean meat or chicken or fish	2½ ounces	15	4	
One 10% C.H.O. vegetable	½ cup	1		10
One 5% C.H.O. vegetable	½ cup	1		5
Bread ½" slice (standard loaf)	2 slices	5	1	31
Butter (1" x 1" x ⅛")	1 piece		5	
Milk (skim)	½ cup	4		6
One 15% C.H.O. fruit	½ cup			15
		26	10	67
Bedtime				
Milk	¾ cup	5	7	9
Crackers	2	1	1	6
		6	8	15
Total Values		78	50	249

scale for weighing meat are needed.

If the person who is preparing the diet is new to the art of housekeeping she is not facing some strange and bewildering equipment but rather something she had planned to use for general cooking. If she is a veteran housekeeper she probably knows standard measurements so well that she hardly needs to refer to the equipment. This small item may be the means of winning the first hurdle in what the "cook" thought might be a task beyond her.

The scales can be used for weighing meats until the visual idea of amounts becomes so accurate that only an occasional check on the scales is essential. Variety in menu can be increased in proportion to knowledge of food values. Known weighed values are easily converted to approximate values for patient use as shown in the foregoing table.

Many fairly extensive food value lists are published, one of which is included in Joslin's "Diabetic Manual." It is not feasible to show planned menus for the entire ladder schedule but the accompanying table gives the first and final days of the scheme as a pattern.

Alert for Disaster Service

EVELYN PEPPER

"CANADA'S NURSING PROFESSION has been alerted for disaster service." This was the caption of a recent press release. It referred, of course, to the institutes held for instructors in "The Nursing Aspects of A.B.C. Warfare."

The objective of the Nursing Advisory Committee to the Civil Defence Health Planning Group in initiating these courses was to prepare carefully selected nurses in each province to instruct other nurses in the nursing aspects of mass disaster and to direct them regarding the role of the nurse in the Civil Defence national program.

Commencing on October 30, 1951, the federally sponsored team of instructors conducted four-day institutes at the following centres:

Atlantic Provinces: Victoria General Hospital, Halifax, N.S., October 30-November 2.

Quebec: Jewish General Hospital, Montreal, Que., November 6-9.

Ontario: St. Michael's Hospital, Toronto, Ont., November 13-16.

Manitoba: Red Cross Lodge, Deer Lodge Hospital, Winnipeg, Man., November 20-23.

Alberta: University of Alberta, Edmonton, Alta., November 27-30.

British Columbia: T.B. Auditorium, Vancouver, B.C., December 4-7.

Saskatchewan: Civil Defence Auditorium, Regina, Sask., December 11-14.

Newton, Ottawa

EVELYN A. PEPPER

The teaching team consisted of:

Miss Mildred I. Walker, R.N., M.A., senior nursing consultant, Industrial Health Division, Department of National Health and Welfare.

Miss Esther J. Robertson, R.N., B.S., assistant superintendent, Victorian Order of Nurses for Canada.

Miss Evelyn A. Pepper, R.N., F.O.S.R., nursing consultant to the Civil Defence Health Planning Group.

Gordon E. Fryer, M.D., L.M.C.C., medical consultant to the Civil Defence Health Planning Group.

Ernest A. Watkinson, M.D., C.M., D.P.H., medical consultant, Health Radiation Section, Department of National Health and Welfare (present at Halifax, Montreal and Toronto institutes).

Peter M. Bird, M.Sc., physicist, Health Radiation Section, Department of National Health and Welfare.

Meanwhile, an institute for French-speaking nurses, organized under the capable supervision of Miss Suźanne Giroux, Association of Nurses of the Province of Quebec, was held at the Hôtel-Dieu Hospital, Montreal, from December 11 to 14. Miss Claire Beaulac was appointed temporarily by the Civil Defence Health Planning Group to assist Miss Giroux. Others who participated in the program were: Miss A. Martineau, Lt. N/S M.R. Cantin, Dr. Roland Lamquin, and Dr. O. Dufresne.

The registration to the individual institutes was as follows:

Halifax	72
Montreal	55 (English-speaking)
	104 (French-speaking)
Toronto	87
Winnipeg	89
Edmonton	90
Vancouver	77
Regina	37
Total registration	611

Miss Pepper is nursing consultant, Civil Defence Health Planning Group, Department of National Health and Welfare, Ottawa.

Harry Cochrane Photo

Harry Cochrane Photo

Scale model of area organized for mass disaster

In Quebec, Manitoba, and Alberta it is believed that sufficient nurse instructors were enrolled in the institutes to enable them to immediately start teaching the 12-hour course without repeating the instructors' course.

In British Columbia an itinerant instructor has been delegated by the provincial nurses' association to teach the instructors' course to small groups of nurses in those areas not represented at the institute.

In Saskatchewan the six nurses from the provincial Department of Public Health registered in the instructors' course are to prepare other instructors. Already in the Atlantic provinces, three instructors' courses have been held since the team visited there.

Ontario will necessarily have to conduct other institutes for instructors because of its large nurse population.

The original course outline was extended to include a lecture on provincial planning to acquaint the classes with what was being done in their own community. In each province this lecture was given by either the provincial coordinator of Civil Defence, his assistant, or the chairman of the Provincial Civil Defence Health Services Committee.

At each institute the Canadian Red Cross Society supplemented the demonstration on venapuncture with an excellent talk on "Blood and Blood Derivatives" given by the medical director of the Blood Transfusion Depot of the area.

In Saskatchewan, the responsibility for this lecture and demonstration was capably assumed by members of the staff of the Regina Grey Nuns' Hospital.

The complete course outline is published herewith as follows:

		Lecture Title	*Lecturer*
First Day			
A.M.	9-10	The Nursing Service and A.B.C. Warfare	Miss Walker
	10-11	Civil Defence Planning	Miss Pepper
	11-12	Films — "Medical Cases" — Jasper. II "Atomic Energy"	
P.M.	2-3	Nuclear Physics	Mr. Bird
	3-4	Biological Effects of Ionizing Radiation	Dr. Watkinson or Dr. Fryer
	4-5	Films — "Atomic Energy" (repeated)	
Second Day			
A.M.	9-10	The Atomic Bomb Phenomenon	Mr. Bird
	10-11	Discussion	
	11-12	Film — "Medical Aspects of A.B.C. Warfare" — Part I	
P.M.	2-3	Medical Aspects	Dr. Fryer
	3-4	Nursing Problems in Mass Disaster	Miss Walker
	4-5	Nursing Care of Trauma and Burns	Miss Robertson
Third Day			
A.M.	9-10	Radiation Syndrome	Dr. Fryer
	10-11	Nursing Care of Radiation Sickness	Miss Robertson
	11-12	Venapuncture Demonstration and Lecture	Canadian Red Cross Society
P.M.	2-3	Biological and Chemical Warfare	Dr. Fryer
	3-4	Films — "Medical Aspects of A.B.C Warfare"	
	3-4	"Survival Under Attack"	
	4-5	Civil Defence Provincial Planning	Arranged locally
Fourth Day			
A.M.	9-10	Nursing Goals	Miss Walker
	10-12	Group Discussion — Nursing Goals	
P.M.	2-3	Group Discussion — Proposed 12-hour course	
		Discussion Leaders	Misses Walker, Robertson, Pepper

A typical reaction pattern developed during each institute which is believed worth recording. On the opening day, whereas many of the registrants were enthusiastic and responsive, we found some in the class were overly apprehensive of what they were about to be told. Others were resistant because of the extra teaching load they would be expected to carry. Still others were cast in a slough of despond by their introduction to nuclear physics. As the team anticipated these reactions, we were able to assure the nurses that their tour to the depths of despair would be short-lived.

As the days passed, the nurses realized that there was little that was new in nursing in A.B.C. Warfare; that good preparedness and planning would enable us to care for large numbers of casualties effectively; that this knowledge could be used in any national emergency, be it caused by a natural or provoked disaster; that nurses were expected to share their teaching responsibilities with other nurses from the same community; that they were advised to call upon local doctors, physicists, radiologists, and high school teachers to assist them; and that by centralizing the medical and physics lectures, time would be conserved for all concerned. It was stressed that the function of the nurse in the first phase of our Civil Defence participation should be the teaching of other nurses. Nurses were urged to work closely together; to make sure that nurse representation on Civil Defence Health Services Committees was established at provincial and local levels; to accept guidance from the Advisory Nursing Committee to the nurse representative on the provincial Health Services Committee; to disseminate this information to other nurses as quickly as possible without too much disruption of their normal working activities; and to keep the provincial Advisory Nursing Committee informed of their accomplishments, either collectively or individually.

These were just a few of the facts which came out of the discussion periods conducted on the last day of the institute. For these periods we divided the group into three sections. Using a directive as our guide and the group dynamics approach, a recorder and observer were appointed for each section. The three nurse members of the team acted as leaders, while Dr. Fryer and Mr. Bird rotated between the groups as consultants. There was active discussion at all sessions. The assurance and guidance which the nurses had been seeking and which had been coming to them gradually through the lecture periods were firmly established by the end of the discussion period. It was observed at the close of each institute that nursing had achieved unity in a common purpose and a definite place in the Civil Defence Health Services national program. The apprehension of the opening day had been replaced by enthusiastic optimism.

At every centre the serious concern the nurses felt regarding their particular province was impressive. Yet how eager they were to adopt the national plan which harbors no provincial or international boundaries. Nova Scotia, New Brunswick, and British Columbia consider themselves vulnerable because of their lengthy coastal areas. Quebec and Ontario realize that their power, rail, and highly industrialized areas make them strategic centres for possible attack. Manitoba and Saskatchewan are conscious that the bread basket of the world could be destroyed by fire or bacteria and Alberta knows how vulnerable are her natural resources. Prince Edward Island and Newfoundland consider themselves as ideal reception areas in the event of a national disaster.

The success of these institutes was due in large measure to the valuable contributions made by Miss Emily Groenewald, who wrote the Manual; Miss Esther Robertson and Miss Mildred Walker, who assisted in the selection and compilation of the material for the Manual. Of their combined effort the consensus of nurse registrants was that it might well prove to be one of the most important nursing manuals published in our time. The registrars of the provincial nurses' associations or their delegated representatives who organized the institutes in their respective areas; the provincial Departments of Health and Civil Defence authorities, which provided financial assistance; the Canadian Red Cross Society, through their participation in the training program; the Victorian Order of Nurses for Canada in supplying the services of Miss Robertson; and the press which provided generous publicity of the project from coast to coast—all deserve our thanks.

It is realized that the success of our actions to date can only be measured by meeting our responsibilities in the future. Our immediate responsibilities have been spelled out for us in the "Action Program for Civil Defence Casualty Services" published in the February issue of this *Journal*. Following the example of the provincial nurse leaders in their enthusiastic support of the Civil Defence national program, as well as the interest and team spirit which pervaded the classes from coast to coast, does it not behoove us to accelerate our efforts to meet these responsibilities?

Institute at McMaster University

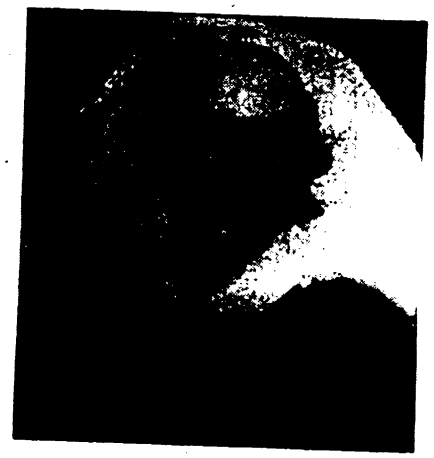
An Institute on Ward Administration and Supervision will be held under the auspices of McMaster University School of Nursing on **May 8, 9** and **10.** The registration fee is **$8.00.** Limited residence accommodation is available at the rate of **$4.50** per day, including meals and room. A copy of this interesting program is available on request to the *Director of Nursing Education, McMaster University, Hamilton, Ont.*

I Was There

MARION C. PENNINGTON, M.A.

EARLY IN NOVEMBER, 72 nurses representing the Atlantic provinces attended a four-day concentrated course on "Nursing in A.B.C. (Atomic, Bacteriological and Chemical) Warfare." This course, held in Halifax, was the first of eight courses to be given in strategic centres from coast to coast in Canada.

The course was presented by a federally sponsored team of instructors. The material in the course was well integrated and there was excellent use made of visual aids, in the form of films, charts, slides, and a scale model of a community organized for mass disaster. Considerable printed matter was distributed, among which was a most useful Health Services Manual and a teaching guide for nurse instructors entitled "Nursing Aspects of A.B.C. Warfare." Pamphlets on "Organization in Civil Defence," "Personal Protection Under Atomic Attack," "Basic First Aid" and a supplement on first aid and home nursing provided good teaching material. Lively discussion and question periods after the individual lectures re-emphasized the role of the nurse in mass disaster. A page of pertinent problems for discussion and an outline of a proposed modified course of instruction for nurses generally gave structure to the all-day discussion which took place on the final day.



MARION C. PENNINGTON

The program consisted of one-hour units of lectures in which good use of slides, movies, and charts was made. The first three days were taken up with three hours of lectures, morning and afternoon. This did not preclude question periods at the end of each lecture. The last period of the third day was used to organize three groups of approximately 20 persons for the following day's discussion, each under the leadership of one of the lecturers. In the groups there were many problems brought up arising out of the course but many had to do with the local organization in each Atlantic province. Out of these discussions developed reports which were read to the whole group at the end of the last afternoon.

The following represents a summary of these reports complete with recommendations and suggestions. Since the writer was in attendance at one group meeting it is her fervent hope that the following conveys the "sense of the meeting" for all groups.

OBJECTIVE

Our responsibility in Target Area, Mutual Aid and Reception Centres is that of preparation for an emergency situation at any time with reference to the above categories.

PLAN

The planning for Civil Defence to date in various provinces is apparently at different stages of development, depending upon a vigorous or apathetic approach by local authorities.

Mrs. Pennington is assistant director of the School of Nursing, Dalhousie University, Halifax, N.S.

However, it is the consensus of those nurses who attended the course that they can carry on their share of preparation for an emergency situation through the local nurses' organization. It is, of course, stressed that should there be a local Civil Defence organization the nurse who had had this course in A.B.C. Warfare would make herself known to this group. The apparent lack of planning at some local levels, however, constitutes a very real problem for the nurse in that area.

GOALS

I. *Organization of nursing resources:*

1. Access to present nursing resources, through local chapters, with a decided effort to bring in all nurses in the area for discussion of the need for organization. The means of assessment will not necessarily be the same in all areas. If and when a national survey of nursing resources is initiated, the questionnaire and the pattern to be followed would, no doubt, be standardized.

2. Such an assessment would be most useful to the registered nurses' association in each province as well as to Civil Defence planning authorities.

3. While this assessment deals with the professional groups it might be much more effective if this was a part of a larger local Civil Defence preparation. This was felt to be one of the gaps—a need for liaison and direction from higher echelons in Civil Defence. It cannot be stressed too much that there were well organized Civil Defence areas represented, as well as non-organized areas.

4. To keep the assessment of resources functional will require continuous effort on the part of all nurses.

II. *Special training for A.B.C. Warfare and Civil Defence:*

1. Where there are large numbers of nurses to be trained in A.B.C. Warfare it was deemed advisable that the nurse having the benefit of this present course should give a 24-hour course to a group of nurses chosen to teach. This group in turn would give a 12-hour course to all the remaining nurses in the area. (Chain Reaction). Use of medical specialists, radiologists or high school teachers was recommended for the medical and technical areas of instruction. Many nurses will be required to instruct auxiliary nursing personnel and volunteers in home nursing for Civil Defence. It is thought that these instructors should have had the 12-hour course in "Nursing Aspects of A.B.C. Warfare."

2. Some thought should be given to including this 12-hour A.B.C. Warfare course in the undergraduate nurses' curriculum. First aid should also be included in the basic course.

3. Visual aids—films, slides, etc.—and other material for local level teaching should be available through provincial departments of health.

4. Self-assessment and remedial action for all nurses should result in a desire for refresher courses. They might be carried out in some of the following ways:

(a) Some hours of practical experience in a hospital under supervision.

(b) Lectures and demonstrations of treatments by hospital nurses at association or group meetings.

(c) Lectures by doctors on newer treatments and drugs at nurse association or group meetings.

(d) Reading.

5. Improvisation—the basic nurses' training course must be substantial, so that there is a firm foundation for improvisation. More emphasis might be placed on the principle of self-help and mutual aid in actual training. The Civil Defence organization has responsibility for improvisation of some facilities—e.g., hospitals. Nursing representatives should participate in their selection.

III. *Preparation of area, workers and volunteers:*

(a) St. John Ambulance and the Canadian Red Cross are functioning in many communities teaching first aid and home nursing respectively. It was felt that every effort should be made to keep up the interest shown by those who have taken courses.

(b) Practical experience by volunteer auxiliary nursing personnel is required in hospitals. Where does re-

sponsibility for this program lie if it is a continuation of a home nursing course? We have referred this problem to the Nursing Advisory Committee for clarification as to the implementation of such a practice.

IV. *Preparation of general public:*

The Civil Defence organization at the local level will certainly have the greatest responsibility in preparing the general public but the informed nurse can do a great deal in helping to explain the meaning and the need for Civil Defence. Her example of calm discussion of some of the facts of A.B.C. Warfare may serve as a balance in the community.

Recommendations

1. (a) That all individuals be kept informed as to developments in the Civil Defence program and that pertinent information be sent to those who have had the course without request.

(b) That manuals be kept "track of" by some one source so additions can be sent to those who have them.

2. That a summary of recommendations of each four-day course be sent to those who have already taken that course.

3. That this group (one of three) was in favor of the appointment of a nursing consultant for each province (New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland) in order that this program could be better coordinated, guidance for these persons to emanate from a central provincial nursing committee for Civil Defence.

4. That arrangements be made, if possible, through *The Canadian Nurse* to have a page (or more) devoted to periodical reports from nurse representatives on the provincial Civil Defence committee in each province.

5. That the group was in favor of asking the provincial registrars to be responsible for the statistics on members completing courses throughout their own provinces. This information should be available to federal organizations in order that there would be available statistics as to progress of the teaching program across Canada.

Conclusion

It will be seen by the foregoing that many provocative questions grew out of our lectures and discussions during the four-day session. It was abundantly apparent that this was a most stimulating four days for all of us. For those from Civil Defence organized areas the future program had shape but for those from unorganized areas there was a definite challenge to the nurse which she will surely accept. To all the students in the course a continuous flow of up-to-date information for insertion in the manuals would serve as a reminder of responsibility. More than this, it would enhance the tool for forging cohesion and unity within each community in facing an emergency situation, whether it be flood, famine or the atomic bomb.

World Health Seals

Ten countries have declared their intention of participating in sales campaigns for "World Health Seals" which will be sold this year for the first time to promote national health programs. This announcement was made by the Executive Board of the World Health Organization in reviewing action taken on the World Health Assembly decision.

The seals, depicting the Palais des Nations, WHO Headquarters, and the WHO emblem, will be put on sale to the public of some countries on World Health Day, April 7. The proceeds will be divided between WHO and the government of the state in which seals are sold, the government retaining 75 per cent for its health programs and WHO receiving 25 per cent which will be paid into a special fund to finance further issues of seals.

Tomatoes do not form acid in the body. Tomatoes are acid as eaten. However, in the process of digestion and metabolism in the body, they result in an alkaline reaction.

D.V.A. Courses for Nursing Assistants

Agnes J. Macleod

The announcement made by the Minister of Veterans Affairs, the Hon. Hugues Lapointe, that courses for nursing assistants would be instituted in D.V.A. hospitals may have escaped the attention of some nurses, while others may be wondering how this has come about. The news release gave the details concerning this new development but, unfortunately, only the barest summary appeared in any of the local papers. The information given to the press was as follows:

> Courses for nursing assistants will be instituted in D.V.A. hospitals beginning in January, 1952. These courses, primarily a civil defence measure, are to be financed by the Department of National Health and Welfare.
>
> While the first group of assistants will be trained at Sunnybrook Hospital, it is anticipated that the program will be extended to other veterans' hospitals. Courses in Ontario will meet the requirements of the provincial Health Department.
>
> The course will be for a class of 20 students and will last for nine months. The first course will begin in January, another in April, and the third in September. Applicants may be male or female, must be resident in Canada, be between the ages of 18 and 40 years, in good health, and have completed one year at high school or its equivalent.
>
> The students will be required to pay a tuition fee of $40 but they will receive a $70 monthly allowance during their training. They will be provided with materials for uniforms and classroom necessities. Those who successfully complete the course will have their qualifications registered.
>
> The Minister pointed out that in a national emergency the shortage of nurses, which is critical at present, would be very much worse. Nursing assistants trained under the present provincial programs, together with those it is proposed to teach at veterans' hospitals, could play an important part in relieving the shortage. They would be invaluable for civil defence requirements.
>
> Trained nursing assistants will be employed primarily in hospitals and it is felt that the reinforcement they will lend to the existing nursing services in D.V.A. hospitals will result in even better care for the patients. At Sunnybrook Hospital they will be taught nursing procedure, including bedside care for the chronically ill and for convalescents, and other subjects necessary to qualify them for home nursing. Instruction will be under the direction of Miss Marjorie Russell, R.R.C., D.V.A. nursing consultant, who served as matron-in-chief for the Royal Canadian Navy during World War II.

For some time, this plan has been under consideration, as it is readily appreciated that D.V.A. hospitals offer a unique clinical experience field for medical education, so why not for the training of nurses and nursing assistants? When one studies the situation further, there are some very good reasons why this Department could not establish schools for the training of professional nurses, unless financial assistance for basic nursing education were guaranteed by the federal government.

Meanwhile, there seemed no reason why nursing assistants could not be trained, if funds could be obtained to assist trainees to take such courses. The need for more trained auxiliary nursing personnel is heard on all sides and the more talk one hears of national emergency, the more it is realized that all training facilities should be used to equip people for such an eventuality.

We outlined our plan first to Defence, then to Civil Defence, and the

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Miss Macleod is director of nursing, Treatment Services, Department of Veteran Affairs, Ottawa.

Department of National Health and Welfare agreed to finance the project on an experimental basis. After the first school is established in Toronto, it is our intention to have Miss Russell set up similar schools elsewhere.

The course outline, which has been drawn up for the school at Sunnybrook and submitted to the Ontario Department of Health for approval, includes the following information:

The course will cover nine months, of which the first three will be classroom teaching and practice. It is proposed to introduce the trainee gradually to the ward during this period. The remaining six months will be supervised practice in selected wards of the hospital and affiliated institutions. *Course content* includes instructions in:

Health and personal hygiene — 10-12 hours
Interpersonal relationships — 8-12 hours
Elementary understanding of the human body and how it functions — 24 hours
Hygienic housekeeping — 22-25 hours
Elementary nursing — 100 hours
Food—choice, cooking, and serving — 40 hours
Care of mother and baby — 6-8 hours
Care of child — 10-12 hours
First aid and bandaging — 6-8 hours
Measurements and solutions — 4 hours

Practical experience will be obtained in hospital wards caring for convalescent and chronically ill patients, and selected medical and surgical wards, including experience with men and women. It is anticipated that additional experience in the care of women will be obtained at the Toronto General Hospital. Experience in the care of children will be obtained in the Thistletown branch of the Hospital for Sick Children.

Admission requirements: Age—18-40 years. Education—Grade IX or its equivalent. Good health. Personal suitability.

Location of school: Although there is not a separate educational building, the school will be located in a self-contained unit in Sunnybrook Hospital which will provide: classroom, demonstration room, library facilities, washroom and lockers for trainees, sitting room for trainees and offices for staff.

Teaching staff: The teaching staff will include one director and two full-time instructors. Additional supervision will be provided by present hospital department supervisors. Instruction in food and cooking will be given by a dietitian.

Records: A record will be kept for each trainee regarding classroom instruction and practice, ward experience, attainment and health.

Hours of class: Theory, practice, and study periods will not exceed seven hours daily during the first three months. During the practical experience, the period of duty will be 44 hours a week.

Tuition fee and monthly allowance: Trainees will be required to pay an admission fee of $40 and will be given uniform material and lecture requirements. Living accommodation and meals will not be provided but a monthly allowance of $70 will be given for the duration of the course.

The Department of Veterans Affairs, in undertaking this program, is cognizant of the fact that relatively few applicants may be attracted to this course. If that is the case, presumably all the potential nursing assistants are finding their way into the presently established schools located across Canada. On the other hand, by such an organization as D.V.A. making its hospitals available for this type of training program, it may give an impetus to recruitment into this field which is very much needed.

The present-day emphasis on the nursing team approach to the care of the sick is one which might well be established in hospitals across the country. If sufficient trained auxiliary personnel can be introduced into all hospitals and community agencies, it surely follows that professional nurses will be able to do very much better jobs and use their time and skill to better advantage in patient care and supervisory duties which they only are prepared to perform.

It must always be kept in mind that the nursing assistant is not a replacement for the graduate nurse but will free her from many time-consuming routine duties, interesting

enough in themselves but which do not require specialized skills. Thus the graduate nurse can give her attention to nursing functions of a much higher calibre and the total nursing service will benefit appreciably.

The objectives in setting up such schools in the Department of Veterans Affairs have been stated to be:

1. To determine whether, through providing training in such hospitals, more auxiliary nursing workers can be trained for the purpose of:

(a) Undertaking many elementary nursing duties still being carried by registered nurses; and

(b) Supplementing the nursing services and so effecting an economy in the use of time and skilled services of qualified nurses.

2. By research and experimentation to:

(a) Determine whether larger numbers can be attracted into auxiliary nursing services.

(b) Determine the optimum number of nursing assistants that could be used in a given situation.

(c) Determine the best use of the nursing assistant in the hospital field.

Any inquiries concerning more detail about the Sunnybrook School should be addressed to *Miss M. G. Russell, Acting Director, School for Nursing Assistants, Sunnybrook Hospital, Toronto, Ont.*

In the Good Old Days

(*The Canadian Nurse*, APRIL 1912)

"So much is being said today of the disadvantages of having a nurse in the house that one is tempted to think that either the laity is very unjust and uneducated—in so far as what should be expected of a nurse—or that the nurses are making themselves obnoxious. We are compelled to admit that, in all avenues of work, there are a few who deviate from the fundamental principles taught them—in nursing as well as in every other profession.

"I would advise all nurses to absolutely refuse presents or money as a gift and thus help towards erasing from the minds of the laity that a nurse—in addition to her exorbitant fee!—always expects a present."

* * *

"Two afternoons a week are reserved at our out-patient department for tuberculosis and any of the city's poor may come for free examination. Medicines are given at the nominal charge of five cents a bottle."

* * *

"Dr. Merrill had had much experience with graduate nurses and had seen the workings of registration acts in several states. The crux of the whole problem, in his opinion, was the distinction between sympathy for the young woman seeking a livelihood in a nurse's diploma and sympathy for the public she was about to practise upon. He suggested a plan of grading nurses such as registered, graduate, practical . . . R. N. should mean not only 'registered' but 'reliable' nurse."

* * *

"The report of the organization of a chapter of the G.N.A.O. in Hamilton, the first, gave much pleasure."

* * *

"The new hospital at Chilliwack, B.C., was declared ready to receive patients on February 27. The need of such an institution has long been felt and the expression of satisfaction with the work accomplished was general. The hospital will accommodate 16 patients. The superintendent and two probationers form the staff."

* * *

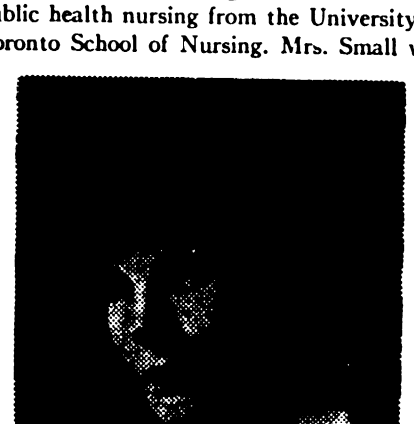
"Given, of course, pregnancy as the predisposing cause, the reason for eclampsia is so far unexplained. Dr. Tweedy asserts that 'food is the actual exciting cause, giving rise to heart failure . . . .The curious cravings which some pregnant women experience, due entirely to accumulations of toxins, will cause much indigestible food to be taken.'. . Dr. Tweedy's method of treatment is to absolutely withhold all food, even milk or whey; stomach lavage is recommended, a purgative being subsequently poured through the tube."

Nursing Profiles

Margery Poole Walker is interim assistant secretary at the National Office of the Canadian Nurses' Association. With all of the preparations that precede a biennial convention, Miss Walker's experience in assisting with the work in connection with the International Conference in Stockholm in 1949 is proving a boon at this time.

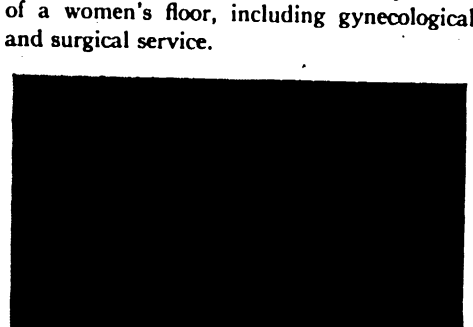
Born and educated in New Zealand, Miss Walker had extensive experience in business before she entered the school of nursing of New Plymouth Hospital to become a nurse. She obtained her certificate from the Central Midwives' Board in England in 1948. An able linguist, following the I.C.N. Conference, Miss Walker worked in hospitals in Finland and Iceland before coming to Canada. Until recently she was on the staff of the Royal Victoria Montreal Maternity Hospital, Montreal.

Doris I. (Rawson) Small is junior assistant superintendent with the Victorian Order of Nurses for Canada at their National Office in Ottawa. Born in Moosomin, Sask., Mrs. Small graduated from the Winnipeg General Hospital, later securing her certificate in public health nursing from the University of Toronto School of Nursing. Mrs. Small was supervisor of surgical wards at W.G.H. and later associated with the Winnipeg Medical Clinic before enlisting with No. 5 Canadian General Hospital in 1939. Marriage interrupted her career with the R.C.A.M.C. She returned to nursing at the Shaughnessy Military Hospital, Vancouver, in 1943. The following year she joined the Victorian Order of Nurses. Mrs. Small was nurse-in-charge with the Owen Sound (Ont.) branch for three years and for a like period was with the Lincoln County branch. She has served as vice-chairman of Niagara Chapter, District 4, R.N.A.O.



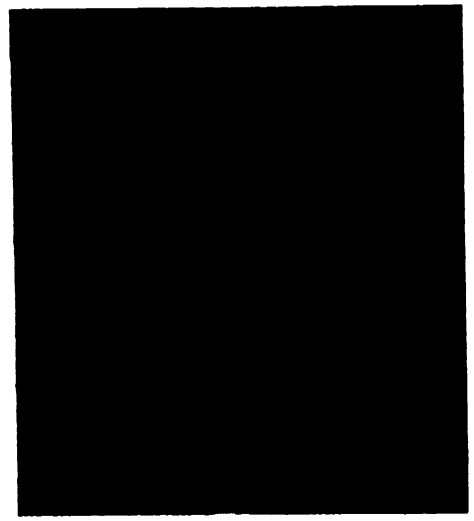
DORIS I. SMALL

Florence Gass was appointed assistant director of nurses of Royal Jubilee Hospital, Victoria, last December. Born in Nova Scotia, Miss Gass was educated in Sackville, N.B., graduating from Mount Allison University. She graduated from the Royal Victoria Hospital, Montreal, and received her certificate in teaching and supervision from the McGill School for Graduate Nurses. After a couple of years on the teaching staff at R.V.H., Miss Gass went across the continent to R.J.H. where she has served as supervisor of a women's floor, including gynecological and surgical service.



FLORENCE GASS

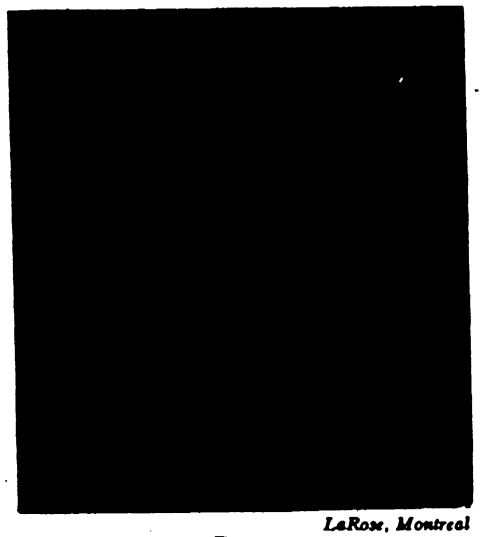
Helen Kathleen Mackay is district superintendent of the Hamilton branch of the Victorian Order of Nurses, succeeding Helene Snedden who was married recently. Born and educated in Woodstock, Ont., Miss Mackay graduated from the Toronto General Hospital and engaged in private nursing and staff work there until she enlisted with No. 15 Canadian General Hospital in 1940. She saw service in England, North Africa, Belgium, Holland, and Germany. When she was released from the R.C.A.M.C. she enrolled at the McGill School for Graduate Nurses, first to secure her public health nursing certificate, later returning to complete the work for her degree in administration in public health nursing. She was on the staff of the Oxford (Ont.) County Health Unit for a time, joining the Toronto branch of the V.O.N. in 1950. Miss Mackay joined the Hamilton branch a year ago as assistant superintendent. As time permits she revels in golf and gardening.



Hubert Beckett

HELEN K. MACKAY

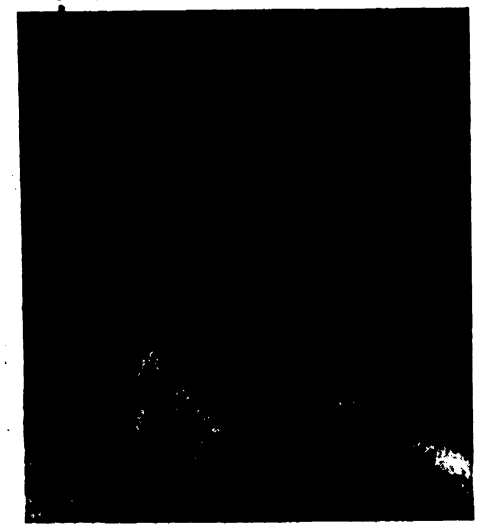
Helen Bernice Lewis is the director of nursing of the St. Thomas (Ont.) Memorial Hospital, succeeding Isabell Stewart who was recently married. A native of Woodstock, Ont., Miss Lewis received her professional training at the Chatham Public General Hospital. She joined the staff there, upon graduating, later returning to Woodstock as medical and surgical supervisor at the General Hospital. For a year she served as industrial nurse at the Massey-Harris Co. Ltd. plant in Woodstock before enrolling in the University of Western Ontario for post-graduate study. She was assistant superintendent at the Norfolk General Hospital, Simcoe, for a time. From there she returned to Chatham as director of nursing. Miss Lewis was a councillor in Districts 2 and 3, R.N.A.O., for three years. She is fond of golf, reading, and music.



LaRose, Montreal

BERTHE BOURBONNAIS

Berthe Bourbonnais has joined the staff of the Victorian Order of Nurses for Canada as a regional supervisor in the province of Quebec. This has been made possible through the generosity of the Metropolitan Life Insurance Company who are providing Miss Bourbonnais' services on a loan basis from their company. She is a graduate of the Hôtel-Dieu Hospital, Montreal, with post-graduate public health training from the University of Montreal and Simmons College. She is well known as an efficient public health nurse and has been most recently employed as the educational director on the Montreal staff of the Metropolitan Life Insurance Company.



Van Dyck, Montreal

MARY L. RICHMOND

Mary L. Richmond has recently assumed the position of educational director in the school of nursing at the Royal Jubilee Hospital, Victoria. Miss Richmond graduated from the Vancouver General Hospital and after several years on the staff there enrolled ih the certificate course in teaching and supervision at the School for Graduate Nurses at McGill. She spent the next four years on the teaching staff at the Vancouver General and in 1950 returned to McGill to secure her degree in teaching and supervision and the certificate in administration in schools of nursing.

While her acquaintances in the East suspect her of being a paid worker for the B.C. Tourist Association, her real extracurricular activities centre around golf and bridge.

ANN E. MAKINS

Ann Ellen Makins of Stratford, Ont., recently celebrated the 40th anniversary of her graduation from the Woodstock (Ont.) General Hospital. A charter member of the Registered Nurses' Association of Ontario, Miss Makins has given private nursing care to countless patients over the years. Though she secured her certificate for post-graduate work in surgery two years after graduation, four years in staff positions at the Guelph General and Hamilton General hospitals convinced her that her first love for nursing was in the immediate task of caring for very ill people. Today, as she continues in the phase of nursing she has cherished so long, she is content that she made no mistake when she decided to start her training away back in 1909. Long may she thrive!

Gade of Baron Studios

LILLIAN A. WOODING

Lillian Agnes Wooding, whose fine skill in photography has provided the *Journal* with many excellent cover pictures, is enjoying a well-earned rest after being engaged in bedside nursing with the Victorian Order of Nurses for the past 20 years. A graduate of the Vancouver General Hospital, Miss Wooding engaged in private nursing for several years before taking her course in public health nursing at the University of B.C. She also received post-graduate training in obstetrics at the Royal Victoria Montreal Maternity Hospital and in pediatrics at the Hospital for Sick Children, Toronto. Joining the V.O.N. in 1931, Miss Wooding has served in Edmonton, Winnipeg, Elphinstone, and Vancouver.

All through the years, Miss Wooding's chief joy has been in photography. Starting with a little box camera, she graduated gradually to more expensive models. As a member of Camera Clubs she has had pictures hung at salon showings in Winnipeg and Vancouver. She has travelled widely on her vacations, photographing spots of interest as she went. Two of her pictures of Quebec City appear in this issue.

Ella McLean, who has been superintendent of nurses of the Toronto East General and Orthopedic Hospital for the past 20 years, has retired. A graduate of Toronto Western Hospital, Miss McLean was superintendent of nurses at the Bloor Street Orthopedic Hospital when it was amalgamated with the Toronto East General. A high point of the festivities that marked her retirement was the occasion when she was presented with a silver tray, tea service, and coffee table on behalf of hospital staff and students. Miss McLean hopes to be able to do some of the travelling, now, that she so loves.

Ada Scheifele has retired after serving as superintendent of Mt. Hamilton Hospital, Ont., for many years. Born and educated in Waterloo, Ont., Miss Scheifele engaged in social service work in Sydney, N.S., and Toronto before entering her training at the Hamilton General Hospital. Following graduation she went out to India and served as superintendent of the hospital at Indore for five years. Returned to Canada, she secured her certificate in instruction and administration from the University of Toronto School of Nursing. For seven years she was on the teaching staff at the Hamilton General Hospital. After one year as superintendent of the Royal Victoria Hospital, Barrie, Ont., she assumed the duties she has recently relinquished.

Miss Scheifele has been president of her alumnae association and chairman of District 4, R.N.A.O. She is now residing in Kitchener, Ont.

ADA SCHEIFELE

In Memoriam

Marguerite (Allen) Baylarian, a graduate of the Nova Scotia Hospital, Dartmouth, died in New York after a brief illness. Following graduation Mrs. Baylarian was on the staff of the Bronx Hospital until her marriage.

* * *

Lyla Mary Brennan, who graduated from the Ottawa General Hospital in 1922, died in Ottawa on February 3, 1952, after a lengthy illness. She was 64.

* * *

Corinne Chénier, who graduated from the Ottawa General Hospital in 1917, died suddenly in November, 1951.

* * *

Helen (Bell) Dillman, who graduated from the Toronto General Hospital in 1911, died on January 23, 1952, after a brief illness. Mrs. Dillman engaged in private nursing until her marriage in 1918.

* * *

Marion Jean (Boyes) Fenwick, who graduated from the Collingwood (Ont.) General and Marine Hospital in 1946, died suddenly on January 27, 1952, at the age of 27.

* * *

Elizabeth Jane Johnston, who graduated from Victoria Hospital, London, in 1908, died in Vancouver on January 28, 1952. Miss Johnston worked in London until the outbreak of World War I when she enlisted with the C.A.M.C. She was awarded the A.R.R.C. for her work in France. She went to Vancouver in 1921 and was in charge of the Out-Patient Department of the Vancouver General Hospital for a time, later doing private nursing.

* * *

Elizabeth (Brittain) Sampson, who graduated from the Saint John General Hospital, N.B. in 1915, died in Kirkland Lake, Ont., on February 3, 1952. Mrs. Sampson served with the C.A.M.C. during World War I.

* * *

Katherine Sullivan, who graduated from

the Hospital for Sick Children, Toronto, in 1906, died in Hull, Que., on January 25, 1952, following injuries received when she was struck by a car. Miss Sullivan had worked in New York City until her retirement 15 years ago. She was 80.

Read-Write Table

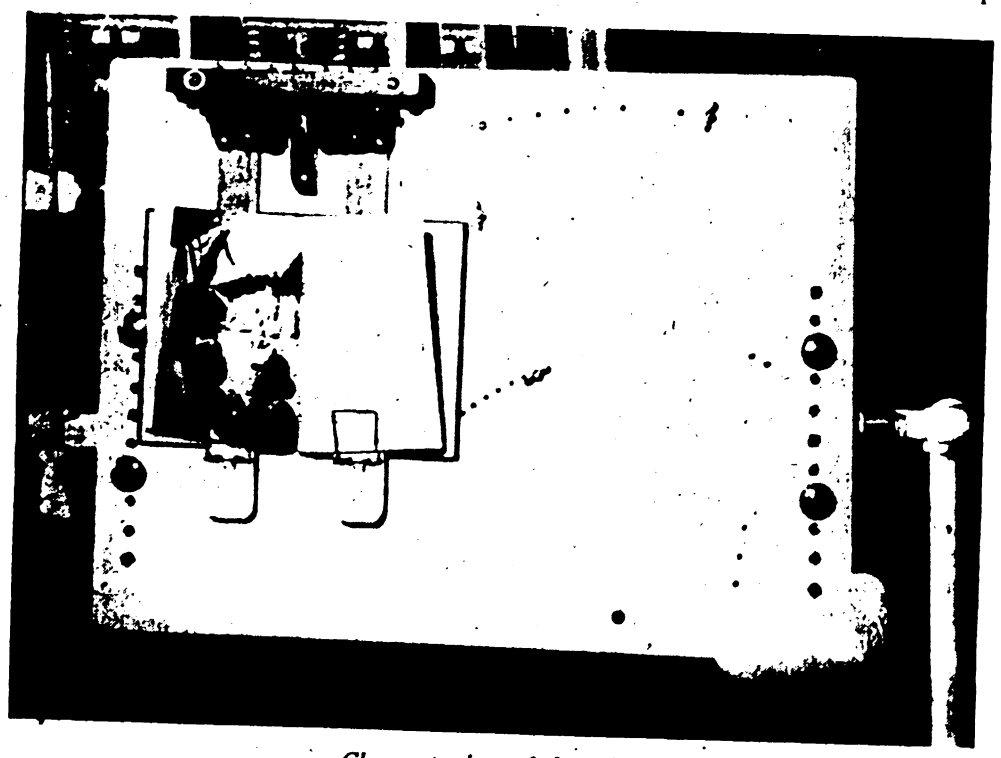
NECESSITY IS, indeed, the mother of invention. In this case, the father of a polio patient, who was forced to lie flat on her back for a period of months, put his mind to work and designed the over-bed table pictured here. As you will note, the patient lying flat on her back is able to read or write, or do both at the same time, with ease.

The material that went into the table's construction consists of ¾-inch pipe, plywood, a piece of lucite, two hardwood slats, screen door hinges, springs from a mousetrap, a small light with clamp, a 5" tin pie plate, etc. The triangular base, upright and horizontal bar are made from the pipe. The table itself is a piece of plywood 26" x 20". This is fastened to the horizontal pipe with hardwood braces and attached with wing bolts.

For *reading*, two hardwood slats are attached to the upper left of the plywood with screen door hinges. These slats hold the book in place. The pages are held open by springs from mousetraps.

For *writing*, a piece of lucite with a rectangular opening can be adjusted by means of a series of holes at the right side of the plywood. Paper is slipped under the lucite which holds it in place. At the lower right corner of the table you will note an elbow rest or support.

A small light clamps to the top



Close-up view of the table

Nancy at work

edge of the table. The shade is the small tin pie plate, the outside of which is painted black.

By a series of screws and bolts the table can be secured at various heights and it can be tilted at any angle. When in position, the table can be secured in place by means of the metal bar at the left of the table. This is adjusted to rest on the mattress.

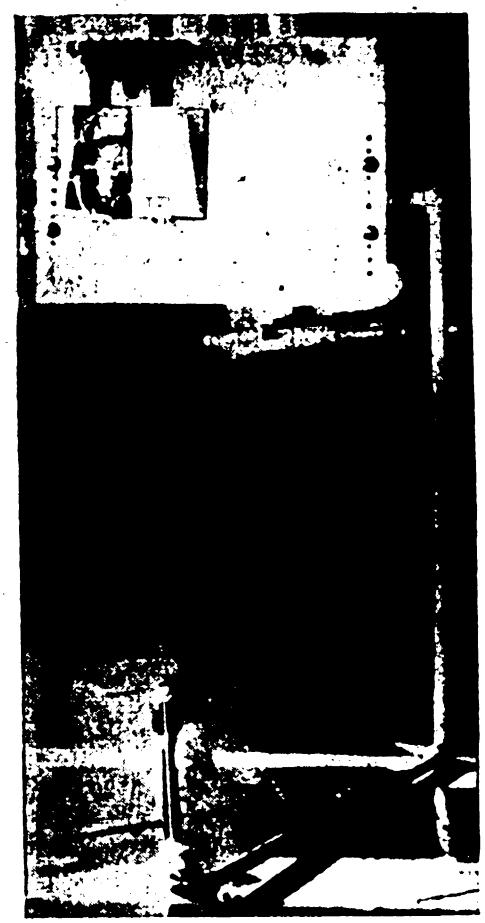
When not in use, the table can be placed in a vertical position at the foot of the bed, out of the way.

Concerning her experience with this table, we shall let Nancy speak:

I left Michigan to spend my summer vacation in Ontario. I took polio and had to lie flat on my back for nearly four months at the Ottawa Civic Hospital.

There isn't very much one can do while flat on her back, so my Daddy made this table. The nurses and doctors all thought it was wonderful but my Dad said, "Anyone with horse sense can make it." Now I can read and write and no one keeps telling me, "Stay on your back and keep your feet on that foot-board!"

I think my Daddy has more sense than any old horse!



The read-write table

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments—Belleville, Ont.: *Barbara Ward* (St. Joseph's Hosp., Hamilton). Sudbury, Ont.: *Norma Brown* (Ont. Hosp., Kingston). Sydney, N.S.: *Margaret Porte* (Victoria Gen. Hosp., Halifax). Vancouver: *Mrs. F. Henderson* (Winnipeg Gen. Hosp.).

Transfer — *Irene Stafford* from Dartmouth, N.S., to Richmond, B.C., as nurse in charge.

Leave of Absence—Trenton, Ont.: *Mirola Gould*.

Resignations—Cornwall, Ont.: *Marjorie Summers*. Hamilton: *Mrs. A. Charters*. London: *Dora Pearce*. Toronto: *Elaine Hopkins*, *Helen Kent*. Vancouver: *Marion Boyle*. Victoria: *Mrs. D. Myers*.

Washing painted or enamelled surfaces—Solution of 1 cup vinegar, 1 cup kerosene, and 2 cups warm water. Wash small areas and polish with soft cloth. Do not use on varnished surfaces.

Lyle Creelman *Writes . . .*

NOT LONG AGO I found myself at London's huge Heath Row Airport stepping on to a B.O.A.C. craft which was to be my home for the next two nights and days until I reached Burma. With one hour stops in Rome, Cairo, Basra, Karachi, and Calcutta, we covered the 6,400 miles to Rangoon in great ease and comfort. My watch was just six and one-half hours slow according to local time, which made me realize that I was nearer to the western shores of Canada than I was to Geneva.

The World Health Organization has a Maternal and Child Health and Nursing Project in Burma and it was to see the personnel and their work that I made this visit before returning to our Regional Office in New Delhi, where I am now. It so happens that of the eight people in our Burma project, the team leader, Dr. MacPhail, and three of the nurses are Canadians. The latter are Muriel Graham of Halifax, who is teaching in the school of nursing, Lillian Baird of Montreal, who is teaching Burmese public health nurses and lady health visitors, and Muriel Scott of Vancouver, who is developing the nursing aspects of the V.D. program. Muriel and Lillian have promised to write an article for you about public health nursing in Burma so I shall not mention details here.

Burma is a fascinating country, rich in natural resources but just now it has almost overpowering economic and political problems. It has a population of about 17 million. Since the war the population of Rangoon has increased from about 500,000 to nearly 800,000. There are only six schools of nursing, the largest being in Rangoon with some 160 students. Most of the teaching is done in English because this is the language in which texts are available. Therefore applicants must have a sufficient knowledge of the language and this makes recruitment a real problem, especially since English is not taught in the schools until the fifth grade.

I was most intrigued with the uniforms worn by the nurses. At first I did not realize they were uniforms. They differ from ordinary Burmese dress only in color. The national costume consists of a long draped skirt called a *loungyi* and a short blouse always made in the same style and always fastened with five buttons. But what a range and variety of buttons! They may be made from semi-precious jewels set in gold, of gold stone, of silver, or of beautiful mother-of-pearl, all of which one can buy in the colorful bazaars. In one school the matron wore a lovely light blue *loungyi*, the sister tutors green, the staff nurses dark blue, and the students red. A very few of the nurses wore western-type uniforms with a colored belt corresponding to the color of the *loungyi* worn by their group.

In Burma, of course, one remembers school days and the writings of Kipling. The sun really does "come up like thunder." I watched it several mornings from my bedroom balcony. Down below in the street people were going off to their work in all sorts of colorful costumes. There were also some very poor, in rags, and some Burmese men in western dress going to their early morning game of tennis. And I really did go to Mandalay—by air and not by road. It must have been a beautiful city at one time but it has been bombed and has suffered severely from occupation. Two of our nursing teams are stationed there. They are working in a hospital which was built for 150 patients. On the day of our visit it had 335. Fortunately this is not as serious overcrowding as one would suppose because of the open structure of the buildings in countries with warm climates and little variation in temperature. However, nights in Mandalay at this time of year are definitely chilly. Many

of the patients must have been quite cold out in the open corridors of the hospital.

I had also a brief visit to the Shan States, which are truly beautiful. I should explain that the Shans do not consider themselves to be a part of Burma as yet. It is amusing to hear them refer to the Burmese as though they were quite a different people. We left Rangoon early Sunday morning via the efficient Burmese Airways and after about two hours' flight in a northeasterly direction we arrived at Heho airstrip which is about 22 miles from Taunggyi, the capital of the Shan States. We were very lucky to have this opportunity because, as you know, there is much insurgent activity in Burma now and foreign personnel are not permitted more than 20 miles outside Rangoon unless on very important and official business. At the airstrip we were met by a car and a lorry containing five armed guards. The latter accompanied us on our way to and from Taunggyi. At one point a big cobra slowly writhed his way across the road. Our driver halted respectfully until he was out of the way. We drove on winding roads up and over thickly wooded hills. I could hardly believe that it was still January as I tried to count the variety of flowering trees and shrubs—flame of the forest, bougainvillaea, poinsettias, cottonwoods, belladonna. When we arrived at Taunggyi, which nestles at the foot of a mountain, we saw their famous cherry trees with their delicate pink blossoms like a blush on the green hillside.

We saw the hospital in Taunggyi, not as overcrowded as the others. The students of the school of nursing are mostly the Karen girls who had worked with Dr. Seagreaves. You may recall his book, "The Burma Surgeon." Dr. Seagreaves has now returned to his home in this part of Burma.

Back in Rangoon again I had an opportunity to visit the famous Shwe Dagon Pagoda which is said to have been begun in 558 B.C. There are four flights of stairways leading up to the pagoda and these are lined with little stalls selling many articles, flowers, and offerings. One must take off shoes and go barefooted from the foot of the stairs. From the base to the top, the pagoda is covered with gold leaf which is renewed from time to time by the offerings of the people. The very top is called the *hti* or umbrella and is of solid gold encrusted with diamonds. There are little bells around it which tinkle in the evening breeze. The Buddhist religion is very individualistic. The faithful go to say their prayers and present their offerings but there are no services as in the Christian churches. The *pongyis*, who are the Buddhist monks, are familiar sights in the streets in their yellow-orange colored robes. In the mornings they go from door to door with the begging pots for food because no *pongyi* is allowed to have any possessions of his own. Every home, even to the poorest basha hut, has a special place reserved for the *pongyi* who is their counsellor and friend.

The villages are exceedingly interesting. Most of the people live in basha huts which are made of bamboo. Usually these are raised off the ground on stilts. They are very open to allow free circulation of air because it gets very hot in summer. I thought it hot enough even in January. The temperature one day was well over 80°. Usually there are no chairs; the people squat on a mat and they eat from a low table. At night they sleep on a mat, too. Perhaps these hard beds account for their very fine erect posture and graceful figures. One sees frequently a group of adults and children gathered around a well or tap having their baths and doing their washing. The children are usually naked and the mothers pour dippers of water over them—very refreshing in the heat. Incidentally it is difficult to find a hairdresser in Rangoon because the Burmese women do not bob their hair. The native style is to pile their long black hair high and decorate it with flowers.

The health problems which this free and independent country has to

tackle are enormous. The infant mortality rate is very high—in some selected areas it may reach 500. The amount of tuberculosis is alarming. Malaria is a real problem both from a health standpoint and economically. WHO, through its projects in maternal and child health, nursing, malaria control, tuberculosis and BCG vaccination, is in a very small way assisting the government to bring better health to its people. They need many trained personnel, doctors, nurses, midwives, sanitary engineers, and health educators, who will live in the villages and teach in the native language. Our nurses are assisting in the public health nursing course; the first class, since the war, started last fall. Recently they organized a short course for sister tutors and graduates from this have gone back to their hospitals to assist in the teaching program. A Burmese Nursing Association is being formed and we hope that eventually they will be able to join with other countries as members of the International Council of Nurses.

WANTED

A Nurse with a Point of View

(and other qualities)

This is a "Want Ad." and, as such, should go in the classified section of your esteemed *Journal*. But wait a minute! Perhaps it deserves a place further forward—a spot nearer the editorial page.

Those of you who read an article of mine, that recently appeared in these columns, will recall that I feel that maternity hospitals should be run differently from other hospitals. I want to see the sort of maternity hospital concerning which the women leaving it can say (and mean it): "This hospital made my confinement and puerperium a happy and satisfactory undertaking. I wouldn't mind coming back tomorrow."

You can't do that without the right kind of nurse. You can try from now to Doomsday but if you haven't got the sort of nurse it takes you might as well give up and save yourself from ulcers. So I want a girl to take charge of the case room in a maternity hospital where medical students, affiliates, and maternity nurses are taught. I want a nurse with the philosophy that will force her to ask herself each day of each year: "How can I make labor a more satisfactory experience to these laboring women?" I want a nurse who, having asked herself that question, rolls up her sleeves and goes to town on it, despite criticism, despite discouragement, come hell or high water. I want a nurse who wants to make a better obstetrical world. I can get her a fairly good salary.

BUT I CAN'T FIND THE NURSE!

WHY?

Aren't our graduate nurses interested any longer in this type of challenge? Are they too lazy, too lacking in courage, too short on ambition, to want to help their laboring sisters? Or is the right kind of nurse just not graduating from our training schools? And, if not, whose fault is it? The nurses and the homes they come from? Or the hospitals and schools in which they are taught?

I am not the only person asking this sort of question. All over America expedients are being undertaken in all sorts of hospitals because there do not seem to be enough graduate nurses *of the right type*. I do not like these expedients. I believe that some day the nursing world will be sorry they have been adopted.

What is the answer? How can we obtain again in good supply the nurse with ideas, initiative, and ambition? Better salaries? That is unquestionably part of the answer. But is it the whole answer? I don't think so. I have a suspicion that the rest of it lies somewhere close to the antediluvian, Florence Nightingaleism that still binds the imagination of those who run our nursing school offices and the emotional immaturity of those who run our hospitals.

IS THERE NOTHING WE CAN DO ABOUT IT?

H. B. ATLEE, M.D.
Department of Obstetrics and Gynecology
Dalhousie University, Halifax

Institutional Nursing

Love of Humanity — A Necessary Achievement

M. JANE STEPHENSON

"NOT ONLY do I believe that I am seeking a life work God is calling me to do but I want so much to be a member of the great service profession, Nursing—to help others." These few phrases taken at random from a file of letters in application to a school of nursing are fraught with the feelings and aspirations of many of our applicants. What happens to this self-same person too often when she becomes a senior student?

She passes through the preclinical training where much of this thinking is fostered and directed into channels which should color her whole school experience, her nurse-patient relationships, her thinking and rational evaluation of problems. From those problems she must formulate decisions which are often far-reaching enough to affect both patients and hospitals and even nursing as a profession of the future. She emerges into the wider fields to practise the skills and attitudes which she has learned so thoroughly.

As an intermediate student, she progresses through the more difficult and demanding aspects of her training, meeting situations which try with fire the best in her. Does her senior year find her poised, happy, enthusiastic, vitally interested in service to humanity, her thinking above the petty jealousies and envy found too often in our profession, an integrated whole-souled person ready to recognize and shoulder her share of any need? No, so often this portrayal is found to be the exception, rather than the rule.

It is not unusual to find the nurse on the eve of graduation, as Professor Leo W. Simmons so well gives her to us, as the person "severely formal with the hardened attitude, the masked face, the faraway look or starched smile.", Too frequently she thinks of her patient as the fractured femur in 420 or the cholecystectomy in 510—just another case, never as "a person as well as a body with powers of personality within him for healing and for health, and also for sickness and death." What has happened?

None of this protective shell develops or hardens in the average girl before she reaches full-time duty in the hospital ward. If it is ever acquired it comes from disillusionment, frustration and com-

M. JANE STEPHENSON

Miss Stephenson is director of nursing service and principal of the School of Nursing, General Hospital, Saint John, N.B.

promises in ward practice, and may be attributed in part to a system that fails adequately to recognize, cultivate and reward the further exercise of those once-challenged human capacities of the nurse.[3]

If this be true, someone or many have blundered along the way. Shall we go back to the Sairey Gamp conception of human interrelationships in nursing? Oh! No, never that! I can fairly hear the gasps of righteous horror. We shall become more learned, more versed in science and skills carried to greater and greater heights. But let us pause and try to think the thoughts of many of our senior nurses, for in the final analysis it is what we think that motivates us. Sairey Gamp must have had a few of the thoughts that our modern senior and graduate nurses have today. To her the patient in those hovels of hospitals was just another case, just another body to take her time, and perhaps these phrases were in the realm of her thoughts—"What is there in it for me?" or "Just how much can I get away with?" Certainly Sairey Gamp did not value her personal appearance as much as do many of our nurses of today—or did she? There was some excuse for her. For us there is none.

What has happened to the vision given us by those great nurses of the past, who lifted nursing out of misery and degradation into the realm of a profession? Florence Nightingale, Agnes Snively, Adelaide Nutting, Jean Gunn, Mabel Hersey, Marion Lindeburgh, Ethel Johns and many others, some unseen and unsung—their vision was and is truly that of compassion, nursing of the mind and spirit, together with that of the body—the foundation on which nursing was originally founded. Has the growing interest in and devotion to science crowded this thought into the background, making it "old-fashioned" in today's interpretation of nursing care?

When we smugly point to the great achievements in science, let us remember to keep before our students what true science is and is not. Science is so limited when it is brought to bear upon a human personality and human situations. An illustration could be of value in the instruction given a new mother holding her infant for the first time. The best instruction science can give is to point out that the newborn mammal requires the same grip as a bag of breakable groceries—but what can measure the infinite thoughts and feelings, the holy joy of the mother? Science deals with a closed world of measurable abstractions.

Are we graduating nurses who are interested only in measurable things, which in the final sifting result usually in that measured in the scales of money and time? Money they may use wisely because of the years in which they have had so little but of time one cannot be so sure. Are we graduating nurses devoid of foresight, initiative, imagination and feeling in interrelationships, with an inability to recognize and respond to the need which results from the emotional components and consequences which attend any being stricken with disease? Was it not Sir William Osler, that great humanist, who said, "Is not the need of individual reconstruction the Greek message to modern democracy?"[2]

Let us go back to our preclinical students with their visions and aspirations, the material given to us as our potential for the future of nursing. Have we, as leaders and teachers, failed them? Surely we must pause for evaluation. Let us screen ourselves against that characterization given us by Dean Gildersleeve:

> The traits of leadership are courage and some driving force; a vision of a goal; an understanding of the minds and needs and emotions of the people one is to lead; the power to communicate to them a vision of the goal and to sway their minds and emotions toward it; character to make the followers trust their leader; and, finally, the divine spark—that indescribable personal charm or magnetism which stirs hearts to action.[1]

Youth in nursing, as in any other field of endeavor, does not formulate principles of attitude or conduct. No matter what we teach our students, if these principles are in wide divergence from what they see practised, they soon sense the inherent hypocrisy and lose respect for those who lead or teach. Cynicism and hardness are bred chiefly because the ideals and aspirations which they have brought with them to the school of nursing have not been presented to them by their leaders as something really practical and workable in present-day society.

The art and science of nursing produce a profession wherein scientific knowledge, technical skill, and compassionate understanding are brought to the bedside in even balance. Even as the true artist is creative, as leaders we must weave into the fabric of the personality of our students an awareness of the ultimate value of the material and spiritual resources so that they may establish with their patients that unique individual relationship which should be the most precious of their achievements. Out of this will come the satisfaction and growth, the ego-security that gives poise, warmth in interrelationships and enthusiastic effort which is so lacking in our profession.

Let us close with further words from that famous speech of Osler's given to the British Classical Association:

> There is a sentence in the writings of the Father of Medicine upon which all commentators have lingered . . . "The love of humanity associated with the love of his craft—*Philanthropia* and *Philotechnia*—the joy of working joined in each one to a true love of his brother." Memorable sentence, indeed, in which for the first time was coined the magic word "philanthropy" and conveying the subtle suggestion that perhaps in this combination the longings of humanity may find their solution and Wisdom—*Philosophia*—at last be justified in her children.[2]

References

1. Gildersleeve, Dean Virginia C. Leadership. *The American Magazine*, p. 61, Apr. 1938.
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In Our Own Backyard

Do Americans have a better idea of what Canada has to offer than Canadians themselves? Mr. Hugh Crombie, president of the Canadian Manufacturers' Association, is beginning to think they do.

Mr. Crombie raised the question at a recent meeting of the C.M.A.'s Drummondville Branch. He put it this way:

"Why do so many Canadians continue to seek employment in the United States? Are the opportunities there as much better as they apparently think they are?

"Personally, I think they are wrong, and as evidence that others think the same way there is the fact that Americans are coming up to Canada at the rate of approximately 7,000 a year and Canadians are returning to Canada at the rate of 4,000 a year. I hesitate to say it but perhaps Americans have a better appreciation of Canada's potentialities than we have."

The situation isn't nearly as bad as it used to be, however. Mr. Crombie points out that, at the turn of the century and up until 1929, Canada was losing about 100,000 emigrants a year.

"This loss of population was approximately equal to the natural increase—the excess of births over death. If it had not been for immigration we would have had a stationary population. Immigration from 1900 to 1930 averaged about 170,000 a year.

"We are still losing people to the United States but it is no longer a flood. During the last five years it has been at the rate of around 20,000 a year."

But even this number is a serious loss: "Most of these people had been gainfully employed in Canada and a very high proportion of them had skills and training which are particularly needed here at the present time."

Mr. Crombie feels that Canadians who are tempted to look for jobs in other countries ought to take a second look at what's happening here at home. —*Industry*

Aux Infirmières Canadiennes-Françaises

La Réhabilitation

BLANCHE DESCHÊNES

LA RÉHABILITATION, grand problème actuel, d'un intérêt non seulement médical mais social, économique, et familial.

Depuis la deuxième guerre mondiale, nous entendons beaucoup parler de médecine physique et de réhabilitation. Les expériences faites ainsi que les succès constatés sont des facteurs primordiaux du développement rapide de cette branche de la médecine à tendances nouvelles. Il ne suffit plus de traiter un membre malade, une partie d'un membre, ou une maladie mais un individu en considérant sa personnalité, ses aptitudes, ses espérances, et ses possibilités.

Ayant vu à l'oeuvre (durant six semaines), à l'Hôpital Bellevue de New-York, deux spécialistes d'une grande renommée tels que les Drs H. A. Rusk et G. Deaver — professeurs et directeurs du Centre de Médecine Physique et de Réhabilitation — j'apporte ici un hommage public pour le beau travail qui se fait dans ce grand service si bien organisé.

Les membres spécialisés de l'équipe dirigée d'une façon si compétente par Mlle A. Morrissey, B.S., R.N., ont une même méthode d'enseignement et d'application; ces principes de base sont à suivre. On doit se souvenir que l'homme est une créature d'habitudes. Les mêmes gestes souvent répétés sont, par la suite, difficiles à corriger. Il vaut mieux enseigner, dès le début, les attitudes les plus appropriées à l'état du patient. User de méthodes différentes prête à confusion et retarde le progrès.

Redonner à l'individu de la résistance et de l'endurance n'est pas tout; il est important de choisir et d'employer les exercices qui développeront tous les muscles à contrôle volontaire, de la manière la plus utile pour le mouvement sans oublier qu'une distribution irrégulière de la force musculaire conduit à une posture vicieuse.

Selon le Dr Tissié, la conservation de la vie c'est la lutte entre les muscles extenseurs et les fléchisseurs. Toute position fixe durant de longues périodes, ainsi que le repos prolongé au lit, sont des causes fréquentes de difformité parfois grave.

La vraie rééducation s'adresse d'abord à l'esprit avant les muscles et à l'homme avant la lésion (Dr Gosset de Paris).

Pour éviter au malade les trop grandes émotions causées par les ennuis de la maladie, il est indiqué (toujours sur prescription des médecins traitants) de lui donner un programme d'activités adéquates, dans un but psychologique. Il sera moins anxieux, bénéficiera mieux du repos imposé, par conséquent sa guérison sera plus rapide.

La réhabilitation consiste à restaurer les fonctions corporelles normales d'un handicapé, à lui enseigner à vivre dans les limites de son incapacité mais avec complet rendement de ses capacités. En plus à le préparer au point de vue mental, physique, social, et vocationnel jusqu'à la participation à la vie active compatible avec son état et au travail.

Ce traitement dit "total" est reconnu comme étant la troisième phase de la médecine. Les deux premières sont: préventive et curative. Elle ne peut pas être considérée séparément mais intégrée au tout formé par les services suivants: psychologie,

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physiothérapie, orientation professionelle, thérapie d'occupation prévocationnelle, sociologie avec ses différents contacts: familial, industriel ainsi qu'avec les organisations de santé et de bien-être social.

Entre les membres de ces différents groupes il doit exister une entente mutuelle et amicale, chacun accomplissant sa part d'activité avec intégrité.

Comme il est de bonne politique de ne pas imposer un traitement au malade il faut l'amener à l'accepter. La suggestion est un bon moyen; sa confiance sera plus grande, sa coopération plus parfaite.

L'expérience a prouvé que les handicapés laissés à eux-mêmes, à leur propre initiative, sont exposés à manquer de patience, à se décourager. Les faire travailler sous la surveillance et les soins d'un personnel entraîné à cet effet s'impose. Les activités journalières et les exercices répétés sont les leviers puissants qui les acheminеront sinon vers la guérison du moins, vers une amélioration qui permettra à chacun de prendre soin de lui-même. D'individu incapable et isolé du monde par la maladie, il réintégrera sa personnalité, pourra de nouveau soutenir sa famille et remplir ses devoirs de citoyen. Au lieu d'être une charge financière pour la municipalité ou l'état, il sera un membre contributeur, il sera heureux.

La réhabilitation telle que pratiquée aujourd'hui apporte une solution au problème économique posé par le nombre sans cesse croissant des handicapés. Les médecins attestent que les deux-tiers peuvent retourner au travail après un entraînement de rééducation appropriée.

Au Canada selon les statistiques établis par la Canadian Arthritis and Rheumatism Society, il y aurait 600,000 personnes souffrant, d'une façon quelconque, de rhumatisme ou d'arthrite à des degrés variés. Sur ce nombre 100,000 sont partiellement ou totalement invalides, 15,000 à 20,000 sont confinés au lit ou en chaise roulante. Cette maladie aurait fait perdre aux travailleurs approximativement 9,500,000 jours de travail. La perte en salaire se chiffrerait à 54,000,000 de dollars. Plusieurs millions furent dépensés en plus pour les soins médicaux et l'entretien de ces malades (paru dans la revue *The Canadian Hospital* en mars, 1950). Pour une seule forme de maladie ces chiffres sont déjà imposants pour notre population et demandent une grande attention dans l'avenir.

Dans le concret voici un aperçu des activités, à l'Hôpital Notre-Dame, dans le département de physiothérapie.

Lorsqu'un médecin traitant juge que son patient nécessite un traitement quelconque en réhabilitation, il nous fait parvenir une réquisition qui est soumise au Dr Paul Brodeur, directeur des services d'Electro-Radiologie et de Physiothérapie. Le Dr Brodeur a obtenu le certificat d'Electro-Radiologie de la Faculté de Médecine de Paris ainsi que du Collège Royal des Médecins et Chirurgiens du Canada.

Avant de diriger le patient vers notre service, le Dr Brodeur prend en considération les questions suivantes:

1. Si le diagnostic est établi.
2. Si le traitement demandé peut être utile au malade selon le diagnostic posé.
3. Quelles procédures peuvent être indiquées ou contreindiquées.
4. Quelles sont les parties à traiter ainsi que les instructions spéciales ou précautions à prendre regardant les régions hypersensibles; le degré de formation du cal; sa consolidation ainsi que les particularités lorsqu'il s'agit de prothèse ou plâtre.
5. Quels résultats sont anticipés.
6. Faire une radiographie de contrôle s'il y a lieu.
7. Faire connaître au patient l'importance des traitements: (a) la prescription indique le nombre de traitements à donner; (b) après chaque série, le médecin voit le patient pour une réévaluation et modification de la prescription selon le changement opéré dans la condition physique et les progrès acquis; (c) après un maximum de traitements, le directeur du service en collaboration avec le médecin traitant décident si le patient doit continuer le programme thérapeutique à son domicile; (d) pour la protection du

malade et du personnel traitant les prescriptions sont toujours écrites.

La physiothérapie comprend l'emploi des agents physiques, les différents traitements à la lumière, les radiations à l'ultra-violet, à l'infra-rouge, la chaleur conductive par les ondes, l'ionisation au courant continu ou interrompu, la stimulation électrique par faradisation ou autre courant, le tout complété en kinésithérapie par le massage, la manipulation, les exercices correctifs et les différents appareils mécaniques.

A l'arrivée du patient, la physiothérapeute se rend compte immédiatement des réquisitions des médecins, fait ses constatations au sujet des malformations, de l'état des tissus, de la limitation des mouvements, de sa force musculaire, afin d'établir un programme en rapport avec la condition du malade, et les précautions à prendre pour éviter la trop grande fatigue tout en employant les exercices nécessaires.

Le contrôle orthopédique se fait par voie motrice et consiste dans une surveillance de tout le corps en position parfaite, segment par segment, depuis les pieds jusqu'à la tête.

La locomotion est le jeu rythmique des forces musculaires entre la perte et le rétablissement de l'équilibre. Pour maintenir les fonctions normales ou restaurer les tissus blessés, l'application scientifique des exercices thérapeutiques pour tous les mouvements du corps est la méthode choisie.

La physiothérapeute doit maintenir l'influence et le contrôle pendant la durée du traitement, varier les exercices et activités dans le but d'éviter la monotomie et de stimuler l'intérêt chez le malade.

On peut rappeler ici la belle pensée d'Anatole France:

> L'homme est ainsi fait qu'il ne peut trouver de repos qu'en prenant une autre tâche.

Les agents physiques agissant localement ou aux parties distales selon leur emploi. La chaleur active la circulation, favorise l'élimination par la transsudation; elle agit sur le métabolisme, local ou général, et soulage la douleur. Le massage augmente la force musculaire, favorise les échanges chimico-organiques et la nutrition des tissus est améliorée.

Les exercices suivent. L'on débute par les mouvements passifs, puis actifs avec ou sans résistance et l'entraînement progressif en durée comme en intensité se continue.

Par ces procédés, nous obtenons graduellement la régression des symptômes et des infirmités jusqu'à une guérison satisfaisante à la grande joie du malade.

Cathartics

There are many erroneous beliefs concerning the use of cathartics. Chief among these is the idea that they are useful to cure chronic constipation. Indeed they are more apt to cause chronic constipation than to cure it. A great many people think that it is necessary to have one or more bowel movements a day. After a thorough evacuation of the alimentary canals by catharsis several days may be needed before a normal bowel movement can again occur. The patient, obsessed with the idea of a movement a day, thinks himself still constipated and takes another pill. After a time his bowel becomes so spastic that reliance must be placed on a daily dose for a bowel movement. Actually in many individuals an evacuation once every two or three days is not unusual.

It appears to be generally believed that constipation leads to "auto-intoxication" due to the absorption of toxins from the intestine. While it is true that the lower bowel is swarming with bacteria and contains powerful poisons, this organ is capable of protecting the body from these effects. The noxious materials formed in it do not obtain entrance into the body. The unpleasant symptoms of constipation are due, not to absorption of poisons from the intestinal tract but to the effects of the overloaded bowel upon the intestinal nerves, and through these upon the nervous system.

There are very few indications for cathartic medication and the tremendous amount of purging undertaken by the public is unnecessary and dangerous.

—*Canadiar Pharmaceutical Journal*

Public Health Nursing

The Nurse's Responsibility in School Health Services

Rural Aspects

JOSEPHINE DEBRINCAT

THE BAILLIE-CREELMAN Report has proven a thought-provoking stimulus and has been a means of drawing together, for purposes of study and discussion, members from different public health nursing fields. The fact that a White House Conference centred upon the needs of the school child is an indication of the importance of school health services. It is well to clarify our thinking as to what constitutes this service. To do this we need to delve even deeper and look into the purpose of school attendance. The child goes to school to continue his preparation for living. We work towards the ultimate goal that by each child developing his potentialities to the utmost, he will be capable of putting into practice throughout his adult life all the components that make for a healthy, happy, and responsible citizen. This can only be accomplished if the school child is an active participant in the school health program. It is his doing as a result of understanding that will have lasting effect.

Today we realize that the participants in school health services are: first and foremost the child himself, his parents, the teacher, the janitor, the public health nurse, the physician, the dentist, the school inspector, members of the school board, and the community at large. The teacher is with the child the greater part of every school day. She is able to observe and note the child's needs—physical, mental, emotional, social, as well as intellectual. In Manitoba the rural teacher is encouraged to keep "a daily observation sheet" in her school register. By developing her powers of observation and understanding, the child's needs can be met through available community resources. The public health nurse's function, in the school and in the home of the school child, is made more effective because of the active participation of the teacher. On the other hand, the degree of responsibility assumed by the teacher for the health of the school child is greatly determined by her inclusion and recognition as an important member of the health team—child-doctor-nurse-parent-teacher.

School health examination of beginners and those in their last year in school (a system favored at present) has been an essential part of the school health program. The selection of other pupils and frequency of their health examinations is best determined by the individual's needs. This can adequately be done as a result of nurse-teacher conferences as referred to on page 26 in the Baillie-Creelman Report.

The teacher's observations noted throughout the year are of great help for the nurse-teacher conferences. Not only do they prove most useful for the purpose of selection of pupils for health examination but they also provide the nurse with material for teacher health guidance and education. They serve as a tool for both the

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nurse and the teacher to note progress and thus stimulate interest. We must realize that every phase of the school health service should be an educational experience for the school child as well as for the teacher, parents, and members in the community.

Adequate preparation for the health examination is of utmost importance. This not only includes weight, height, vision and hearing acuity testing, detailed record of condition of teeth, but also a complete history of past illnesses. We cannot successfully guide the school child without knowing his health record and future goals. The pupil during this preparation for examination by the nurse and teacher needs to be given an active part. During this interview the school child is encouraged to discuss his own health needs. He is thus helped to prepare himself emotionally for the forthcoming health examination.

It is the practice in rural Manitoba for the nurse to discuss her observations of these preliminary examinations with the teacher who in turn may add still further information which she may not have previously considered important. Frequently, in rural areas, the pupils do have an extended recess when the nurse visits the school to allow for an undisturbed nurse-teacher conference but everybody benefits as a result of it.

Either parent or both parents are invited to be present at the health examination. This has been found more satisfactory when arranged by appointment. It is desirable to limit the number of examinations to avoid having the doctor feel pressed and hurried. He will then feel free to discuss his findings with the child, his parents, and teacher. When remediable defects are found time must be taken to guide the parents as to what action would benefit the child most. Every effort is made to make a health examination a learning experience for all members concerned. If the nurse considers it necessary to give further teaching she will either interview the parent and child afterwards in school or arrange for a home visit. Time spent with the teacher, who after all is the hostess in her rural school, to discuss findings and future plans not only helps the teacher to understand her pupils better and encourages her to continue to act as an active member of the health team but will ensure greater cooperation in the future.

A health examination may necessitate follow-up into the school and into the home for a considerable period of time. The real purpose of a health examination is not accomplished until all action indicated has been carried out. The health examination, with its ensuing discovery of health needs and remedial defects, is a waste of professional time and a waste of the people's money unless its real purpose is achieved.

The health examination includes booster doses to bring immunizations up to date. When the medical director visits a rural school he does the necessary immunizations of all the pupils in that school. With us, travelling to distant points is greatly influenced by road conditions and the weather. Our Red River, apart from periodically supplying us with flood waters, is surrounded by gumbo which is noted for its tenacity. In winter and in wet weather our mud roads become overwhelming obstacles.

The Baillie-Creelman Report points out that the objectives of the school health services should be kept in mind. Keeping our eyes on the goal of every phase of the service would keep us from wandering away from the true purpose. Continuous health records are essential tools in the carrying out of the school health program. They should furnish a complete and reliable picture of the child—his past illness, development, family background, physical and emotional health needs. A health record is an indispensable tool enabling the health team to guide the child and his parents towards attaining the true purpose of a school health service. Tools which are neglected become rusty and useless. Health records as useful tools can only be kept shiny by use and kept sharp by up-to-date additions of relevant data.

School health records are kept where they can be most accessible to

the public health nurse. In rural Manitoba they are usually kept in the health unit office as home visits for follow-up purposes are planned from this point. At the conclusion of the doctor-nurse visit to the school, however, the teacher is encouraged to add recommendations and findings of health examinations to her own pupil's health record—the "Daily Observation of the School Child" sheet. Later she is expected to add the action taken by parents and child as a result of recommendations made by the medical director. This system has proven of great assistance in keeping teachers well informed and interested. On the other hand, the doctor and nurse by this means are kept up to date as to medical and dental treatment carried out and other recommendations acted upon between their visits to the school.

Complete family health service is the goal of the public health nursing program in Manitoba. Keeping this objective in mind the public health nurse in her participation in the school health services is the liaison between, and interpreter for, the school and the home; between the medical director, the school and the home; between the school and the community. The nurse, because of her understanding of the school child's total health needs, is in a position to guide those in contact with the child to work towards the objective of school health services—to help the child become a real adult. To achieve this, he needs to grow up emotionally, socially, intellectually, and morally.

Mother was a Freshman!

(*Continued from page 264*)

C. wind in and out like the maze at Hampton Court. The room numbers run any way except in proper rotation. All this makes it very jolly for a stranger to find her way about. Mother was soon to discover this. After several false moves and frequent questioning she finally found her way to Room 320, Dodge Hall. Already a queue was formed before the closed door and, as Mother took her place in line, some hopeful was heard to remark, "Well, I hope I get out of here before 4:00 p.m." The expressions on the faces of the students were varied and interesting — some were plainly bored, some were lit up with hope, some showed fear, and some, like Mother, were vainly trying to appear nonchalant. Finally Mother found herself seated before her adviser, Dr. M., a professor of nursing education — a very kindly and helpful person. After much discussion it was decided that Mother would take a four-point course in biology and a two-point course in educational psychology. Then followed a tedious round through various offices, making out what seemed hundreds of forms all asking the same information — "Where were you born," "How old are you," etc. By 12:30 p.m. Mother had fought and battled her way to the bursar's cage to part with $130. After all that effort Mother felt that the university should be paying her!

Classes were from 8:30 a.m. to 1:30 p.m. daily except Saturday and Sunday. Biology turned out to be an advanced course in anatomy and physiology. There was one hour of lecture daily and two hours of laboratory work. If you didn't mind dissecting frogs, cats, rats, and body tissues the course was most interesting. Professor R. taught Mother more anatomy and physiology in six weeks than she had learned during her entire nurse's training. All lectures were vitalized with colored slides, Clay Adams models, movies, but most of all by Professor R.'s forceful manner in putting a subject across.

Psychology was taught by Dr. P., a most interesting and attractive person with a keen sense of humor, who was also an ardent Dodger fan. For you who are unfamiliar with baseball, a Dodger fan is a person who lustily applauds all good plays made by the Brooklyn Dodgers and, with equal vim, boos and hisses at all rival players. A Dodger fan in New York is a law unto himself! (P.S.— Mother is a Yankee fan!)

Educational psychology was a new and interesting subject to Mother, especially in the capable hands of Dr. P. The physical and motor development of the child as well as the behavior were closely studied. A visit was made to Columbia's experimental

school where children at play were observed from behind a one-way screen. In this manner the children could be watched and notes taken on their behavior without their knowledge. Films on child behavior and maladjustments made at the Allan Memorial Institute in Montreal were shown during the course. Dr. P. demonstrated the various types of intelligence tests used with different age groups.

Life at International House was a new and exciting experience. Simply to walk through the main lounge was an international education. In one corner two Chinese students might be discussing world events in their native tongue. Not far away a group of Indians, complete with turbans, might be playing a game of bridge. A Japanese girl in native costume might be enjoying a game of chess with a negro from the Southern States or a group of South Americans might be singing softly in Spanish. In the distance the strains of a Chopin waltz might be heard, expertly played by a pupil from the Julliard School of Music. Over all this — the different creeds, races, and colors — a wonderful and ever-inspiring air of friendship prevailed, like a lamp held high in a darkened world.

Saturday was set aside for talent night at the House. It was an ever-constant source of wonder to Mother how much talent was to be found there. The members from Cuba would execute their fiery native dances, the French would sing some of their colorful folk-songs. Music students would provide the orchestra. A group from Canada would show the other countries the thrills and spills of a Calgary Stampede. So each country in her own particular way would provide entertainment for the 500 members of International House.

One Friday it was Mother's privilege to attend a session of the Security Council of the United Nations. At times the air was charged with tension. Delegates spoke in a very moving manner, pleading for a better understanding between nations. Mother had the feeling that there, at least, men were striving for a better world and a lasting peace.

Of course a trip to New York would not be complete without a visit to the Bronx Zoo. Early one Saturday Mother and other animal lovers went to see the sights. The zoo was all that anyone could wish for. The neatly constructed penguin house was well worth the trip in itself. The little black gentlemen with their tuxedo fronts strutted about proudly, looking with an air of disdain upon mere mortals and putting on quite a show.

After much discussion it was decided to visit one of Father Divine's "Heavens." Utterly fantastic is the only way to describe this Negro spiritualist who is considered a god by thousands of faithful followers. Mother and her friends visited Heaven No. 7 one Sunday afternoon. Prior to the service everyone was fed. What a feast — roast chicken, pork, lamb, beef, many varieties of vegetables, and large platters laden with exotic fruits! The tables looked like something out of the Arabian Nights. The place of meeting was rather a drab building but what it lacked in furnishings it more than made up in local color. With the exception of the group from the House all the worshippers were Negroes, gaudily dressed in brilliant hues. There were two large choirs in attendance, the "lily buds" and the "rose buds," whose chief function was to create noise rather than harmony. When Father Divine arrived the entire company sang and danced until the very rafters rang. Father Divine spoke briefly but because of the din not a word could be heard. The noise soon overwhelmed Mother and her friends and they left in the midst of the ceremonies. It was an interesting study in human nature to see how an uneducated and impoverished people follow such a leader with blind faith.

One evening a group of students from the House went to Radio City Music Hall. It was decided to tour Rockfeller Centre and Radio City at the same time. "Colossal" is the only word for Rockfeller Centre. The outside display at the Centre featured a Mexican village, complete with tropical plants. The large colored fountains, flanked by the flags of all the nations of the world, made a wonderful background for the display. Radio City Music Hall is really unique in theatres with its tiers upon tiers of galleries and its immense dome looking like the roof of the universe. The galleries are serviced by four elevators. The Rockettes, with their precision performance, proved to be the highlight of the evening.

Time passed very quickly and soon it was the day for Mother to return home. The seven weeks had been full and rich beyond all anticipation. As she reflected on her trip, Mother's thoughts went back to the happy times and the new friendships. She thought of the magic of the New York sky-line from Staten Island and of the laughter and gay voices on the campus.

Trends in Nursing

Executive Committee Meeting

A meeting of the Executive Committee of the Canadian Nurses' Association was held in Montreal from February 14 to 16, 1952. Representatives from all provincial associations attended the meetings and lively discussions ensued. Executive Committee members have now returned to their home provinces with considerable basic material on which to work with local members and committees prior to the twenty-sixth Biennial Convention of the Canadian Nurses' Association in June, 1952.

Nursing Education

TO HELP REDUCE the shortage of nurses, the division of nursing education of Teachers College, Columbia University, started a national research program on January 2 to develop nursing education in junior and community colleges. The project, which will assist colleges to establish programs for teaching how to be a registered nurse in two years, instead of the usual three, is expected to increase nursing recruitment.

Financed for five years by an anonymous grant of $110,000 to the division, the research will be known as the Cooperative Project for Junior College Nursing Education. It will organize training programs comparable to semi-professional education for medical, dental, and engineering technicians. It will also carry out research to test the quality of the new program and to develop patterns for nursing education in junior colleges. . . "The project will attempt to make nursing education a regular part of junior college life, socially and educationally," said Dr. McManus, division director. She declared that "it will make nursing more attractive as a career."

A small number of institutions will serve as pilot centres in the first year, with others to be added as the project develops. Dr. McManus explained that five kinds of institutions were suitable for the program:

> Large, publicly supported junior colleges; community colleges with a wide variety of adult education programs of a semi-professional nature; junior colleges in universities that also have programs preparing for the Bachelor of Science degree in nursing; and a college in a community where clinical practice can be arranged in a hospital that trains and employs practical nurses.

The project will be based on recommendations by a joint committee of the American Association of Junior Colleges and the National League of Nursing Education.—"Nursing Education will be Expanded," *New York Times*, 101:16C, Dec. 24, 1951.

I.C.N. News

A conference has been held at the London School of Hygiene on the study sponsored by WHO and the Rockefeller Foundation into the types of worker required to meet the health and welfare needs of the family. A pilot study is at present being carried out in England and France.

Miss D. Bardsley has been elected president of the Federal Council of the Australian Nursing Federation.

The report from South Africa lists the following accomplishments:

> (1) Recognition of the collegiate system of training and the establishment of nursing colleges for basic training in Capetown, Port Elizabeth, Johannesburg, Pretoria, and Durban; (2) an investigation into the desirability of introducing the objective type of examination; (3) introduction of a diploma course in midwifery at the universities of Johannesburg and Pretoria; (4) consideration of establishment of a Roll for auxiliary nurses and maternity nurses and preparation of a Draft Bill for submission to the Minister of Health.

Lebanon has initiated a one-year

course in public health at the University School of Nursing of which Miss Elizabeth Moser is director.

The F.N.I.F. reports that the first memorandum of the Study of Advanced Programs in Nursing Education to be undertaken by WHO has been sent to all national associations, to the nursing section of WHO and to the regional advisers of WHO. A progress report had been prepared and is ready to be sent to WHO.

Pharmacopoeia Internationalis

The publication by WHO of an *International Pharmacopoeia* is a definite contribution to the fulfilment of its first objective—the attainment by all peoples of the highest possible level of health.

The importance to travellers of this *International Pharmacopoeia* is stressed in the words of the chairman of the committee on its preparation:

> The quality and, above all, the content of active principles of drugs of vegetable or animal origin may vary greatly from one country to another. These differences are a danger when a patient, moving from one country to another, cannot be assured of obtaining the remedy prescribed for him of the strength and properties which he needs.

He cites as common examples the importance of standardization to travellers who may have to use insulin or drugs for the control of heart diseases. — *WHO Newsletter*, Nov.-Dec., 1951.

The Scientific Approach

The 1948-51 Report of the Nuffield Trust contains a very interesting report of the work of the Foundation. Of particular interest to nurses will be:

> (1) The job analysis of hospital and public health nursing; (2) investigation into the functions and design of hospitals; (3) experiments in hospital costing; (4) experiments in improved coordination of medical care.

Progress reports on some earlier projects are also well worth study. The Trust in its report states:

> (1) That on a precise definition of the essential duties of a nurse depends the answer to questions such as—What type of man or woman is suited for nursing training? What training do they need? *How can the professional life of a nurse be molded to a form acceptable to modern young people and in harmony with their attitude of service?* How can more efficient use be made of existing nurses? How many more nurses are needed? (2) That a precise definition of the essential duties of a nurse based on a careful job analysis has not been attempted. (3) That the Trust would initiate such a study.

Job Analysis is defined as a full and accurate description of what a nurse essentially does and what qualities she must have to do it. Because experience has shown that a real understanding of the demands made by the range of duties involved in a job is possible only if the duties are studied against a background of the environment and conditions under which the work is performed, the observation method was used by the Foundation.

Job Analysis

Recent issues of the *Nursing Mirror* review briefly some of the highlights of the studies presently being carried out by the Nuffield Foundation. L. Farrer-Brown, J.P., secretary of the Foundation, endeavors in his summary to establish the importance of facts and fact finding; the immense task involved in finding facts, partly because of lack of established methods; the role of health service employees in fact finding; and the need for doing better work at less cost. He points out that "medical economics" must take its place alongside "medical research" and be no less well regarded. He insists that we must be competent to see that advance in medical knowledge and practice are quickly translated into real terms—that is, that they can be made available to all those who stand in need, "in short, there is not much use in advancing knowledge if we fail to find the means of putting that knowledge into practice."

For the past three years Mr. H. A. Goddard and his team have been

engaged in studying what "in fact" nurses do in hospitals. Mr. Goddard in his second report makes it clear that no attempt was made to use industrial methods but that the hospital job analysis was designed especially for the needs of the hospital service. The report will be in four sections. The first, a social document, will present an attitude survey which is particularly interesting as it provides a striking commentary on the inevitable time lag between informed opinion and public opinion. Other topics to be discussed:

> (1) The alleged shortage of nurses—is it in fact a shortage or is the problem one of maldistribution? (2) The more extensive employment of married nurses. (3) The standard of nurse training and the coordination of theoretical and practical training.

Section Two will deal with the work content of the ward, Section Three with the needs of the patient, and Section Four with planning of nursing services. In closing, Mr. Goddard says:

> We have tried to make our approach a realistic one, to produce not ideals but ideas—ideas which the nurses of this country can implement within the existing conditions under which they work. Unless the nursing profession is prepared to investigate in a scientific spirit, unhampered by tradition or prejudice, and unless it is prepared to accept the fruits of investigation as a basis for present action, it cannot grow in knowledge and it is closing the door to opportunity.

Orientation et Tendances en Nursing

L'Association des Infirmières du Canada

Le Comité de Régie de l'A.I.C. a tenu une assemblée à Montréal du 14 au 16 février 1952. Des représentantes de toutes les associations provinciales étaient présentes. Ces déléguées sont retournées dans leur province chargées de travaux importants à exécuter en vue du congrès bisannuel de l'association en juin, 1952.

Education en Nursing

Au Teachers College de Columbia University la division du nursing a inauguré au début de l'année un programme national de recherche dont le but est de développer l'éducation du nursing dans les collèges. L'on veut aider les collèges à établir des programmes d'enseignement permettant de préparer une infirmière en deux ans au lieu de trois. Un don anonyme de $110,000, fait à la division, permettra de continuer l'expérience durant cinq ans.

Les programmes préparés sont "semi-professionels" et pourront être comparés à ceux offerts aux techniciens en médecine, chirurgie dentaire et génie.

La recherche sera un élément important de ce programme afin de déterminer la qualité et le meilleur mode à employer dans l'avenir pour la formation d'infirmière dans les collèges.

Le projet a pour but de faire du cours d'infirmière un cours comparable à celui qui est offert par les collèges tant au point de vue social qu'éducatif.

La directrice de la division, le Dr McManus, déclarait "qu'ainsi la profession d'infirmière comme carrière présenterait plus d'attraits. Un petit nombre d'institutions serviront durant la première année comme centre de démonstration; plus tard le programme s'étendra à d'autres institutions."

Une Pharmacopée Internationale

La publication par l'O.M.S. d'une pharmacopée internationale est un accomplissement permettant d'atteindre le but primordial que s'était fixé cet organisme: Que tous les hommes puissent jouir du plus haut niveau de santé.

L'importance pour les voyageurs de cette pharmacopée internationale est soulignée par le président du comité chargé de la réalisation de ce projet: "La qualité et, par-dessus tout, la teneur en principes actifs de médicaments d'origine végétale ou animale varie d'un pays à l'autre. Cette différence constitue un danger pour un malade voyageant d'un pays à un autre; il ne peut être certain que le médi-

cament qui lui est administré est au pourcentage prescrit et a les propriétés que requiert son état." Il cite, entre autres exemples, l'importance de normes pour l'insuline et pour les médicaments cardiaques.

Nouvelles du C.I.I.

A Londres, l'Ecole d'Hygiène étudie le rapport présenté par l'O.M.S. sur la catégorie de personnes pouvant le mieux répondre aux besoins de la famille en matière de santé et de bien-être. Cette recherche se poursuit actuellement en Angleterre et en France avec l'aide de la Fondation Rockefeller.

En Afrique du Sud

Parmi les nombreuses activités des infirmières de l'Union Sud-Africaine, signalons la considération donné à l'établissement d'un régistre pour les sages-femmes et les aides-malades et la préparation d'un projet de loi devant être soumis au Ministre de la Santé.

Recherches Scientifiques

Le rapport de la Nuffield Trust (1948-51) présente des activités qui intéressèrent les infirmières tel que: (1) l'analyse du travail à l'hôpital et en hygiène publique; (2) étude sur la construction d'hôpitaux; (3) étude sur la comptabilité dans les hôpitaux; (4) expérience sur l'amélioration à apporter dans la coordination des soins médicaux. Dans le rapport l'on trouve: (a) Que la définition exacte des attributions de l'infirmière dépend de la réponse aux questions suivantes: A quel genre d'homme ou de femme le cours d'infirmières convient-il? De quel cours ont-ils besoin? *Comment la vie professionnelle d'une infirmière peut-elle être organisée sous une forme acceptable par la jeunesse moderne tout en étant en harmonie avec le service qu'elle doit donner?* Comment peut-on employer plus efficacement le service des infirmières? De combien de plus d'infirmières avons-nous besoin? (b) A date l'on n'a pas essayé de définir les attributions essentielles de l'infirmière, définition basée sur une analyse détaillée de son travail; (c) le Nuffield Trust a entrepris cette étude dont le but est de déterminer *le travail spécifique d'une infirmière et les qualités qu'elle doit avoir pour faire ce travail.*

C'est un travail considérable, demandant une observation sur place, requérant le service d'experts.

Le Collège des Médecins et Chirurgiens

Se rendant à l'invitation du Comité de Régie du Collège des Médecins et Chirurgiens de la province de Québec, des déléguées nommées par le Comité de Régie discuteront de problèmes communs aux deux professions.

Le Département de l'Instruction Publique

Un comité de coordination, formé de représentants de l'université et du Département de l'Instruction Publique, a invité les infirmières à faire connaître leur point de vue sur l'enseignement actuel dans le but de proposer des améliorations.

Chez les Nôtres

Dans l'Ile de Montréal les cours sur les "Aspects du Nursing dans la Guerre A.B.C." se donnent à divers endroits durant février et mars. Plus de 500 infirmières suivent ces cours.

Journées d'Etudes pour les Infirmières des Hôpitaux

Le Comité du Service Institutionnel de l'A.I.P.Q. organise, avec la coopération de l'Institut Marguerite d'Youville, trois journées d'études. Le programme, des plus intéressant, offre un forum sur les problèmes du service du nursing à l'hôpital et un autre forum sur les problèmes actuels en éducation des infirmières, etc.

L'Analyse du Travail

Déjà l'on a donné dans le *Nursing Mirror* quelques points importants en regard de cette analyse: L'importance de noter les faits, les renseignements; le manque de méthode reconnue qui permette de trouver les renseignements nécessaires; le rôle du personnel des agences de santé dans le domaine de la recherche; la nécessité de faire un meilleur travail à un prix moins élevé, etc.

Depuis trois ans M. H.-A. Goddard et son équippe soht à étudier quel est le travail véritable de l'infirmière à l'hôpital. Les méthodes d'analyse du travail employées en industrie ne conviennent pas aux hôpitaux; inutile de dire qu'il faut procéder tout autrement.

Le rapport sera présenté en quatre parties. La première sera un document social particulièrement intéressant car on y trouvera l'opinion exprimée par les divers groupes ou classes. Souvent l'opinion publique se forme sur une question sans connaître tous les faits ou cette opinion est inconnue des parties intéressées. Les autres points sont: (1) de la

supposee pénurie d'infirmières — au fait manque-t-on d'infirmières ou le problème en est-il un de distribution? (2) l'emploi plus général d'infirmières mariées; (3) les normes dans l'éducation de l'infirmière et la coordination entre l'enseignement théorique et pratique. La deuxième partie traitera du travail de l'infirmière dans une salle de malade; dans la troisième partie: ce dont le malade a besoin; dans la quatrième: plans concernant les services du nursing.

"Nous avons essayé d'être pratique dans notre travail et d'en donner comme résultat des idées plutôt que de l'idéal, des idées que les infirmières de notre pays pourront réaliser dans leur travail de tous les jours. La profession d'infirmière doit être prête à faire des recherches scientifiques sans être gênée par la tradition et par les préjugés. La profession doit être prête à accepter le résultat de ces recherches comme étant la base sur laquelle elle devra édifier ses activités, autrement la profession ne pourra grandir et elle laissera passer une belle occasion de le faire."

Nomination Ticket, 1952-54

The following is the Nomination Ticket, 1952-54, for the officers, chairmen, regional representatives of the nursing sisterhoods, and Nominating Committee of the Canadian Nurses' Association. The names are listed in alphabetical order, where multiple nominations occur. The present position of each nominee is indicated:

President: Miss Helen G. McArthur, national director of Nursing Services, Canadian Red Cross Society, Toronto, Ont.

First Vice-President: Miss Gladys J. Sharpe, director of nursing, Western Hospital, Toronto, Ont.

Second Vice-President: Miss Trenna G. Hunter, director of public health nurses, Metropolitan Health Committee, Vancouver, B.C.; Rev. Sister Denise Lefebvre, director, Institut Marguerite d'Youville, Montreal, Que.; Miss Evelyn Mallory, director, School of Nursing, University of British Columbia, Vancouver.

Third Vice-President: Miss Alice Girard, superintendent of Nursing Services, Metropolitan Life Insurance Co., Ottawa, Ont.; Miss E. A. Electa MacLennan, director, School of Nursing, Dalhousie University, Halifax, N.S.

Chairman, Committee on Institutional Nursing: Miss Madeleine Flander, director of nursing education, Children's Memorial Hospital, Montreal, Que.; Miss Mary E Macfarland, superintendent of nurses, General Hospital, Toronto, Ont.

Chairman, Committee on Private Nursing: Mrs. Eva Brackenridge, Peterborough, Ont.; Miss Mary Franko, Edmonton, Alta.

Chairman, Committee on Public Health Nursing: Miss Helen M. Carpenter, lecturer, School of Nursing, University of Toronto, Toronto, Ont.; Miss Ruth Morrison, assistant professor, School of Nursing, University of British Columbia, Vancouver.

Regional Representatives of the Nursing Sisterhoods:

Maritimes: Rev. Sister Catherine Gerard, associate administrator, Halifax Infirmary, N.S.; Rev. Sister Mary Irene, educational director, Charlottetown Hospital, P.E.I.

Quebec: Rev. Sister S. Louise de Marillac, supervisor, post-graduate courses, Hotel Dieu Hospital, Quebec City, Que.

Ontario: Rev. Sister St. Albert, St. Joseph's Hospital, Toronto, Ont.; Rev. Sister Hughes, superintendent of nurses, Hotel Dieu Hospital, Kingston, Ont.; Rev. Sister M. de Sales, St. Michael's Hospital, Toronto, Ont.; Rev. Sister Mary Grace, supervisor, St. Joseph's Hospital, Guelph, Ont.

Manitoba-Saskatchewan Region: Rev. Sister A. Levasseur, educational director, School of Nursing, Grey Nuns' Hospital, Regina, Sask.; Rev. Sister St. Odilon, superintendent of nurses and director of school of nursing, Misericordia Hospital, Winnipeg, Man.; Rev. Sister Melina Trottier, educational director, St. Boniface Hospital, Man.

Alberta-British Columbia Region: Rev. Sister Columkille, director of nurses, St. Paul's Hospital, Vancouver, B.C.; Rev. Sister Mary Lucita, educational director, St. Joseph's School of Nursing, Victoria, B.C.

Nominating Committee (three to be elected): Miss Bianca Beyer, superintendent, The Runnymede Hospital, Toronto, Ont.; Miss

Elizabeth Bietsch, General Hospital, Edmonton, Alta.; Miss Ina Broadfoot, director, Nursing Department, Manitoba Division, Canadian Red Cross Society, Winnipeg; Miss Margaret E. Hart, director, School of Nursing Education, University of Manitoba, Winnipeg; Miss Helene M. Lamont, director of nursing, Royal Victoria Hospital, Montreal, Que.; Miss Eve Merleau, director, Nursing Service, Quebec Division, Canadian Red Cross Society, Montreal; Mrs. Marion Pennington, assistant director, School of Nursing, Dalhousie University, Halifax, N.S.; Miss Dorothy Percy, Chief Supervisor of Nurses, Civil Service Health Division, Ottawa, Ont.; Miss Ann Peverley, assistant professor, McGill School for Graduate Nurses, Montreal, Que.; Miss M. Geneva Purcell, Royal Victoria Hospital, Montreal, Que.; Rev. Sister Mary Annunciata, St. Joseph's Hospital, Glace Bay, N.S.; Rev. Sister Mary Grace, supervisor, St. Joseph's Hospital, Guelph, Ont.; Rev. Sister Mary Stanislaus, Mount St. Mary's, Charlottetown, P.E.I.

A Nurse-Midwife in Wild Australia

M. GARTRELL

GROOTE EYLANDT, together with Arnhem Land, constitutes a large reservation which the Australian government has set aside for the aborigines of the Northern Territory. Here, the stone-age man lives in his natural state. Gradually the white man's influence is penetrating his primitive existence by means of the church missions.

Weaning the black man to a better form of living is a painfully slow, difficult process. Conflict with his ingrained beliefs is a daily occurrence. The most potent weapon the missions have for fighting against these is their medical service. The dramatic results of modern medicine contrasted with the skullduggery of the tribal medicine man have produced a marked influence on the aboriginals' hitherto apathetic attitude towards the missions.

There is no doctor on Groote Eylandt. The nearest one is at Darwin, hundreds of miles to the west, who pays irregular visits. A trained nurse-midwife is the sole medical representative in residence.

The nurse lives at the mission with the superintendent, his wife, and a school teacher. She has a small hospital built mainly from local materials, which she manages with the help of aboriginal girls trained in elementary duties. Contact with the outside world is maintained by wireless, through which she orders medical supplies and sends requests for the aerial ambulance, etc. Twice a year a small auxiliary vessel brings supplies and carries incoming and outgoing mails.

Her isolated post throws a grave responsibility on the nurse. She must make her own decisions and decide what line of treatment she will follow in each individual case. This in itself presents pitfalls to be avoided but it is the carrying out of treatment which frequently causes the most trouble. The following is a good example of this:

A Christianized *gin** from the local tribe came running to Sister one morning. "Tamiela—she bin have baby. Her blood him all run away," she panted. Brief, close questioning revealed the source of the trouble—retained placenta. Sister collected her bag and followed rapidly on the heels of her guide.

The aboriginals are nomads and their camps temporary ones. The shelters they build are the crudest affairs, known as *mia mias*, consisting of a slab of bark with the upper end resting against the bole of a tree.

Sister found her patient in one of these. The *lubra*,* in poor condition, was lying on the ground. A puppy licked at her breast, the pinky-black baby lay at her feet. By her side crouched a gnarled old

**Gin* and *lubra* — aboriginal woman.

crone, presumably the tribal midwife. The remainder of the tribe stood a little way off, on guard against the unknown white woman's medicine. A tense silence hung over the camp.

There was no time to be lost. Under the malicious glare of the old crone Sister got to work. A black-taloned hand shot out grasping her arm. The old crone shouted something to the waiting tribe. A menacing murmur rose from it. The Christianized gin harangued her people while Sister freed her arm and proceeded with the manual removal.

With the placenta freed and the fundus contracted, the bleeding ceased. The injections of pituitrin and ernutin called forth a further protest from the old crone. The tribe started threateningly. Once more the gin pacified the assembly.

Sister's immediate worries over, she filled a syringe with some penicillin and inquired the reason for the old crone's hostility. In the first instance it was thought Sister was tearing out Tamiela's inside. As for the injections, Tamiela was being killed altogether by having little spears stuck into her.

Sister was fresh from Sydney. She had never contacted semi-wild aboriginals and their interpretation of her life-saving efforts jolted her. She did not care to dwell on what might have happened had Tamiela died. Then, too, the white man's medicine would have lost its prestige with this tribe and much of the mission's work would have been undone.

Tamiela, however, was still not out of danger. The drained mucous membrane of her mouth and conjunctiva revealed the severity of the hemorrhage. The cold clamminess of her skin and an imperceptible pulse also gave their warnings. Tamiela needed urgent transfusion and that meant going to hospital.

Hospital was another thing not understood. To these primitive people it was an unknown land from whence none returned. To die while separated from one's tribe was unthinkable, for how then could one's funeral and disposal be attended to according to the customs of one's fathers? This must be done else the spirit would never find rest but wander the world forever.

The tribe was adamant in its refusal to send Tamiela away. Sister was forced to leave her among the dirt and camp dogs. She paid frequent visits to check on the patient's condition and to complete the course of penicillin. Sister's attempt to acquaint Tamiela with the necessity of strict cleanliness as demanded by her condition was a sheer waste of time. Tamiela had never heard of hygiene and, though it was explained to her in the simplest of terms through an interpreter, she failed to grasp the import of what Sister was saying.

It was a long time before Tamiela recovered her former good health. The tribe became used to seeing the white woman at work and one by one submitted their maladies for her treatment.

The aboriginals of Groote Eylandt are not allowed to carry war spears. Those used for hunting are permitted as the mission encourages the native's skill in living off the land, so that he will not starve should the mission for some reason ever have to leave the island.

The hunting spear is a simple one

The Mission encourages the natives' skill in living off the land.

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The Secretary
School of Nursing, University of Toronto
Toronto 5, Ont.

and, if thrown into a man, will not inflict the awful wound of a shovel-headed war spear. This is a necessary precaution as the aboriginal, though a cheerful, likeable fellow, is swift to anger and tribal fights are apt to arise out of trivial incidents. Sister was the innocent cause of one such incident.

Tutakumara's baby was ill and unable to take the breast. Sister showed the lubra how to express the milk and she settled down happily to the task. This caused much amusement among the natives. One of the spectators was a cheeky fellow. When the mother finished expressing he grabbed the cup and ran. Sister, not wanting to lose the precious milk, drew the husband's attention to what had happened. "Nakapunta, you go after Narrachunga and bring it back," she said.

Nakapunta was not worried about the loss of the milk but he was very angry with the fear that Narrachunga might drink the product of his wife's breasts, thus "absorbing" her. He shot off with a wild light in his eyes. Sister, seeing this, feared the worse and followed but Nakapunta was out of sight.

She went looking for him and found him running along the beach. Nakapunta, hunting spear in hand, was chasing Narrachunga. He was within spear-throw of his cornered quarry. He lifted his arm. The spear was poised. "Nakapunta!" Sister shouted running up to him. "Give me that spear!"

Nakapunta hesitated. "Give me that spear," Sister repeated. Reluctantly Nakapunta lowered the weapon and handed it over.

Of the cup and its contents Sister has not heard to this day. She feels it tactful to make no reference to the matter.

(*To be concluded next month*)

Jean Hawtrey Webster (Vancouver General Hospital, 1945; P.H.N. certificate, University of British Columbia, 1947) of Vancouver, B.C., has been appointed to the World Health Demonstration Area in El Salvador as public health nurse. Since 1947 Miss Webster has been employed by the Victorian Order of Nurses for Canada as staff and charge nurse. Her experience has been primarily in a maternal-child health program.

Student Nurses

Diabetes

LOIS JEFFREY

MY PATIENT WAS James G., aged 14, who was admitted to the children's ward with a diagnosis of possible diabetes. On admission, James was placed immediately in bed and a specimen of urine was obtained to be tested for the presence of sugar and ketone bodies (diacetic acid and acetones resulting from improper metabolism of fats). His temperature, pulse, and respirations were normal.

One of the symptoms of the diabetic condition was the marked loss of weight from 135 lb., his weight one month ago, to 110 lb., his present weight. The urinalysis report showed that there was sugar in the urine 4 plus and acetones as well, 2 plus. As a result the doctor ordered insulin to be given to try to reduce the blood sugar level. The urine was tested before each meal to determine sugar content and ketones. The report showed 4 plus sugar and 2 plus acetones at 4:30 p.m. Therefore, 15 units of regular insulin was given before supper. James felt satisfied after the meal, with no apparent desire for more food. The bedtime specimen revealed 4 plus sugar. Regular insulin, 20 units, was given.

The regular insulin is given one-half hour before meals. It takes one hour to start to act but its maximum effect in reduction of the blood sugar level is two to three hours. It may last up to six hours.

On December 8, the before-breakfast urinalysis report showed 3 plus sugar and 1 plus acetone. At 8:00 a.m., 10 units regular insulin was given with 15 units of protamine zinc insulin. When protamine zinc insulin is given with regular insulin the effect can last 24 to 26 hours. At 9:30 James became very drowsy and his face was flushed. These symptoms showed signs of possible diabetic coma. However, when he was awakened, he felt relieved with no apparent insulin reaction. Urinalysis report showed 4 plus sugar before dinner; therefore 15 units of regular insulin was injected. The before-supper specimen indicated 3 plus sugar and negative acetone reaction at which time regular insulin, 10 units, was given. The bedtime specimen still showed high sugar content of 4 plus. Insulin was repeated. James slept well at night and appeared well rested in the morning.

On December 9, the same conditions existed. The specimens of urine were sent to the laboratory, here in the hospital, where they were tested with Benedict's solution. December 10, James received protamine zinc insulin, 25 units, plus regular insulin, 10 units, before breakfast and 10 units before dinner. Urinalysis before supper showed 1 plus sugar and negative for acetone.

Finally the proper carbohydrate and fat metabolism was being established in his body. The following day James was allowed to get out of bed and sit in a chair. The before-supper specimen revealed only a faint trace of sugar. This balance, however, was lost again on December 12 when reports showed sugar content increased to 4 plus. This condition existed for three days and regular and protamine zinc insulin were given separately to cover the sugar content revealed by the urinalysis.

As a diabetic, James's condition

Miss Jeffrey is a student at the Oshawa (Ontario) General Hospital.

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appears to be improved. He has been up moving about freely throughout the wards. The doctor increased his diet to allow for extra nourishment which would, of course, necessitate an extra number of calories to produce heat and energy. James has had no insulin reaction and he eats and enjoys his meals. In the hospital these are prepared for him in the special diet kitchen to maintain the proper metabolic balance in the body. Diet, as well as insulin, is an important treatment for diabetes.

James will probably be able to leave the hospital next week. Consequently, before he leaves, special instructions will be given him regarding:

1. Testing his own urine.
2. Giving his own insulin injections.
3. Avoidance of possible complications.

The important thing for James to remember is that his malady can be controlled only by diet and insulin injections. Therefore, to maintain a normal, happy life he must abide by specifications peculiar to both of them.

Book Reviews

The Public Health Nurse and Her Patient, by Ruth Gilbert, R.N. 348 pages. S. J. Reginald Saunders & Co. Ltd., 84 Wellington St. W., Toronto 1. 1951. Price $4.70.

Reviewed by Lorraine F. Miller, Educational Supervisor, Vancouver Branch, Victorian Order of Nurses.

In this revised edition of a familiar and recognized work, the author presents an expanded and modernized version of the book which has been a standard text for some years. She has covered a very difficult and extensive subject and it has been dealt with practically and with remarkable clarity. It is easily readable but requires concentration and leaves the reader stimulated and thoughtful of her individual responsibilities.

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     - (1) Medical-Surgical Nursing,
     - (2) Obstetric Nursing, or
     - (3) Pediatric Nursing.
   - (b) Public Health Nursing.

For further information write to **Director, School of Nursing, University of British Columbia, Vancouver 8, B.C.**

Miss Gilbert has considered the problems she discusses from a dual approach. She considers and analyzes situations as a trained psychiatric social worker and as a graduate nurse. The resulting conclusions are most interesting. The suggestions she makes are constructive and certainly most comprehensive. In this revised edition, modern trends and developments in the field of public health nursing are thoroughly reviewed with special emphasis on mental hygiene in everyday nursing situations.

The material is presented in such a way that certain sections may be referred to as the need arises. The chapter on teaching health displays a deep understanding of the nurse's problems. It deals with the complexities and behavior problems which confront the nurse teaching people, be they individuals or in groups. The short discussion on recording is interesting and enlightening. Miss Gilbert goes so far as to hope, in respect to recording, that nurses may in future make use of the dictograph. This is a revolutionary suggestion and certainly indicates vision and progress.

The Nurse and the Maternity Patient emphasizes the responsibilities of the nurse dealing with patients throughout the maternity cycle. The author discusses the emotional reactions of the maternity patient in detail and with understanding. Frequent referrals to outstanding consultants, in respect to special problems, lend emphasis and authority in this section and throughout the entire book.

The Child in his Family and Nursing the Sick Patient are extensively discussed in following chapters. The material covered is so comprehensive that one finds it difficult to pick out highlights. The care of the chronic patient is presented with a most sympathetic and understanding awareness of a great problem "Bedside nursing requires not only technical precision but an accumulation of experience and maturity to understand the feelings of a sick patient and her own feelings towards the patient and job." Miss Gilbert emphasizes especially the emotional difficulties to be faced and that illness affects individuals physically and emotionally. The responsibility of the nurse and her interpretative function are also stressed.

To senior nurses and supervisors the chapters on relationships will prove most valuable. "What the nurse does with her equipment, of theories, facts and skills is more important than her mere possession of them," makes one stop and think. This chapter, with detailed and positive discussion on agency,

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interagency, and professional relationships was, to this reviewer, one of the most helpful and thought-provoking sections of the book.

Throughout the entire book the importance of the health team is stressed.

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AND

HEAD NURSES—

Salary: $228 rising to $253, including Cost of Living Bonus.

Duties: Under direction, to be responsible for detailed administration of routine within a ward or special dept.

Qualifications: Eligible for registration in B.C.; diploma in teaching & administration or at least 3 yrs. nursing experience, including 1 yr. in supervisory capacity.

Candidates must be British subjects, not over 40 yrs. of age, except in case of ex-service women who are given preference.

Application forms, obtainable from ***Civil Service Commission, 636 Burrard St., Vancouver 1,*** to be completed & returned to ***Personnel Officer, Civil Service Commission, Vancouver 1,*** not later than ***April 30.***

This is a book which needs to be read and re-read to be fully appreciated and to derive the greatest benefit therefrom. It cannot be assimilated in one reading and there is so much to be "picked from its pages" that re-reading offers much pleasure as well as real reward. It has long been an accepted text on nursing bookshelves and the revised version will meet the needs of nurses today. It will prove valuable to nurses with some experience and awareness of the problems of the public health nurse but selected readings will be found helpful and valuable to nurses on all levels and in all branches of nursing.

A History of Nursing, by Gladys Sellew, Ph.D., R.N. and C. J. Nuesse, Ph.D. 439 pages. McAinsh & Co. Ltd., 1251 Yonge St., Toronto 5. 2nd Ed. 1951. Price $4.00.
Reviewed by Harriette S. Wilson, Public Health Nurse, Kitchener, Ont.

The title of this book is a little misleading, as it is much more than a history of nursing. It is actually a social history from earliest times and shows the development of nursing in the social structure up to the present time.

The authors lead us from primitive times, through the ancient civilizations, the Christian era, medieval civilization and middle ages up to modern health problems. We are one-third through the book before we come

to nursing as it is known in the present day.

In the preface the authors state that "the central thesis of this work is the inextricable interweaving of nursing service with all other branches of human culture." One feels that the writers think there is nothing so wonderful about nursing after all and that it is merely a natural and inevitable development. This development is seen through American eyes and nursing in other countries naturally gets a smaller amount of attention.

While this would be a valuable book to keep for reference, I doubt that Canadian student nurses would find it very inspiring.

The Art of Administration, by Ordway Tead. 223 pages. McGraw-Hill Co. of Canada Ltd., 253 Spadina Rd., Toronto 4. 1951. Price $5.25.
Reviewed by M. Pearl Stiver, Director, Public Health Nursing, City of Ottawa.

Dr. Tead, a great administrator and educational leader, has added another book to his long list dealing with democratic principles in leadership and efficient management. This volume combines the essential elements of administration with basic principles of human motivation. Here, aims of the organization become aims and objectives of each employee. Not by chance does the worker become so associated with his job but by the profound understanding of the administrator of how and why the employee behaves in his complex environment. This book deals with a philosophy of administration which gives to each employee his basic psychological needs, understands his acts, reactions and interactions and, at the same time, accomplishes the aims of the organization. Big business and growing personalities exist together. Democratic principles and scientific knowledge combine. Administrators and workers achieve harmonious togetherness which leads to highest realizations of organizational aims.

But the problems of democratic administration are also presented. "Does democracy encourage mediocrity?" "Does democracy involve too much talk?" These and other questions are discussed. Objections to democratic principles are weighed. Administration itself is defined and analyzed. Personal power becomes not aggressive dictatorship but guiding influence which enables the employee to participate with loyalty, satisfaction, and personal growth.

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Lastly, the author deals with the education of administrators and their role as educators.

This book concise, profound, noble, presents administration as "an art" indeed, accomplishing the agencies' tasks but always mindful of the principle—"Every man is a whole man."

This is a book for concentration and study —a course in itself—a subject for a study group. No serious minded administrator could come away unchanged.

Modern Surgery for Nurses, edited by F. Wilson Harlow, M.B., B.S. (Durham), F.R.C.S. (Eng.). 799 pages. British Book Service (Canada) Ltd., 263 Adelaide St. W., Toronto 1. 2nd Ed. 1951. Price $5.00.

Reviewed by Ruth Leavens, Clinical Instructor, General Hospital, Toronto.

This book was written as a combination reference and textbook—an attempt to present to the nursing profession a complete survey of modern surgery and surgical procedures—and an excellent effort it is.

Of value is the fact that the book is composed of contributions from a number of doctors who are specialists in their own field, thus making the information imparted more authentic. This book deals not only with general surgery but covers specialties such as orthopedics, gynecology, ophthalmic surgery, venereal diseases, and anesthetics. Also included are very good chapters on radiotherapy and the sulfonamides and antibiotics. The chapter on x-ray diagnoses has been entirely rewritten.

It is very easy to read. The use of good paper and of heavy and small type to stress the relative importance of subject matter is most helpful. The information is up to date, comprehensive and yet concise. The illustrations are particularly good—numerous, pertinent, and well explained. Although it is written by British authorities it is a happy surprise to find how very much of it is applicable to our situations in Canada. The knowledge provided is basic for surgical nursing in any country.

This book would be a valuable addition to each student's personal library, as a combination text and reference, particularly as it would take the place of a series of texts pertaining to special subjects.

Conversation — The art of hearing as well as being heard.

Nursing Sisters' Association

The annual election of officers of the *London Unit* resulted in the following members serving for the coming months: Honorary president, M. MacLaren; president, E. A. Cahill; vice-presidents, Mmes E. L. Glover, J. A. Moran; secretary, E. Shields; treasurer, B. McKenzie. Committee: Mmes R. Gavin, L. M. Pepler, M. Roberts The representative to the Local Council of Women is Mrs. R. Martin. The past president is M. Rutherford.

At the annual meeting of the *Montreal Unit* the following were elected: President, M. Taylor; vice-president, E. Honey; secretary, Merle E Smith, nurses' residence, Royal Victoria Hospital; treasurer, Mrs. P. Bissaillon. Committee conveners: Social, D. Jamieson; special, M. A. Beaumont; visiting, Mrs. J. A. Toller (Montreal area), N. Kennedy-Reid, Ste. Anne de Bellevue; G MacLellan, St Hyacinthe; directory, Mrs. T. W. Babbage.

The 1952 executive for the *Ottawa Unit* is as follows: President, D. Percy; vice-president, G. Scott, K. Bayley; recording secretary, A. Fletcher; treasurer, E. Feasby. Committees: Membership, M. Kitchen; social, Mmes R. W. Graham, W. J. MacCallum; service, Mrs. G. C. Bennett. Councillors, Mmes H. J. Coghill, L. H. Taylor, F. Nevins.

The annual meeting of *Vancouver Unit* was held in February with 118 members present. The social committee reports were received on the spring "After Five" party, the summer picnic, and the Remembrance Day dinner when 117 members gathered at the Hotel Georgia. The Shaughnessy Hospital gift box was kept filled with knitted articles throughout the year. Dressings were made an evening each month at Red Cross House. E. Rossiter was appointed delegate to the biennial meeting of the N.S.A. to be held in Quebec City in June.

The following officers were elected for 1952: President, Mrs. G. Worsley; vice-presidents, L. McMillan, Mrs. G. Fitzjames; secretary, Mrs. I. Trimnell; treasurer, M. Fletcher. Committee conveners: Social, Mrs. E. Evans; publicity, Mrs. E. Matheson; membership, Mrs. F. Shaw; visiting, H. Rice; gift box, M. Trowbridge. The representative to the Local Council of Women is A. Benvie.

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The **Verdun Protestant Hospital** offers to qualified Graduate Nurses a six-month certificate course in Psychiatry. Classes in ***September*** and ***January.***

For further information apply to:

Director of Nursing
Box 6034
Montreal, Que.

News Notes

ALBERTA

WESTLOCK

Mrs. D. Roberts was elected president of the newly formed Westlock Chapter of the A.A.R.N. Other officers include: Vice-president, H. Wager; secretary, Mrs. M. Gilchrist; publicity committee, H. Heffernan, B. Presho. Mrs. C. Van Dusen, A.A.R.N. registrar, was organizer and guest speaker at the first meeting. She outlined the origin of the nurses' registry in Alberta and spoke of the valuable work that a nurses' group could do in a community.

Mrs. Roberts, who took the A.B.C. Nursing Warfare Course given at the University of Alberta, will instruct the group during the next few months.

BRITISH COLUMBIA

INVERMERE

The new matron of Lady Elizabeth Bruce Memorial Hospital is Doreen Crowe. Miss Crowe has been on the nursing staff since September and has been acting matron since December. A graduate of the Vancouver General Hospital, she nursed for a year at University College Hospital in London, Eng. H. Kennedy has returned to the hospital after an absence of two years. She is a graduate of the Ottawa Civic Hospital. Other nurses on the staff include B. Shore and A. Holmes, both of Toronto.

PRINCE GEORGE

In the February "News Notes" it was stated that Olga Moores, assistant matron at Prince George and District Hospital, was a graduate of Saint John General Hospital, N.B. This was an error. Miss Moores graduated from the school of nursing of St. John's General Hospital, Newfoundland.

REVELSTOKE

At the annual meeting of Revelstoke and District Chapter the following officers were elected: President, Mrs. N. Johnson; vice-president, Mrs. Y. Tucheyea; secretary, D. Widdifield; treasurer, Mrs. E. Gable.

NEW BRUNSWICK

MONCTON

M. Downing was the leader of a discussion on "Private Duty Problems," held at a meeting of Moncton Chapter. L. Russell, the president, was in the chair. The secretary, S. MacLeod, read the minutes of the last meeting. It was announced that the drawing on the $75 worth of merchandise was to take place at the tea sponsored by the Nurses' Hospital Aid. A social hour followed when refreshments were served by Sr. Anne and members of the nursing staff of Hotel Dieu.

Future meetings will be held at 8:00 p.m. instead of 7:30.

Nurses' Hospital Aid

Mrs. J. Morrell presided at a regular meeting of the Aid when Mrs. J. Pettet reported on the Ways and Means Committee. It was decided to hold a Leap Year Tea with Mrs. Pettet as convener, assisted by Mmes K. Mayhew, G. Whelan, L. Wadman, B. Perry, and K. Carroll. Mrs. K. Lamb passed the Rolling Dollar to Mrs. W. McCully. F. Breau won the Mystery Box. Refreshments were served by Mmes Perry and Carroll.

SAINT JOHN

F. Saunders, the president, was re-elected at the annual meeting of Saint John Chapter. Reports for the year showed satisfactory progress in all chapter activity. The membership now has reached 212 active and 80 associate members. A new constitution and by-laws were adopted to facilitate the functioning of the chapter.

The full slate of officers returned was: Honorary president, E. J. Mitchell; president, F. Saunders; vice-presidents, J. Stephenson, L. Smith; secretaries, M. Phillips, M. Cowan; treasurer, A. Gustavsen; auditors, A. Carney, F. Townsend. The following will also serve in various capacities: A. McIntyre, W. Rutland, J. Crozier, B. Selfridge, M. Lewis, Mmes M. Huldebrand, F. Cobham.

The chapter recently held a successful bridge of 46 tables when Miss Saunders received the guests. Mrs. D. Burns was convener for this event, assisted by M. Downing, D. Byers, A. Gustavsen, B. Selfridge, and Mrs. G. Trites.

Edna Henderson was elected president of the Public Health Nurses of Saint John for 1952 at the recent annual meeting. D. Stacey, the retiring president, occupied the chair. Other officers elected include: Vice-president, M. H. Parsons; secretary-treasurer, M. Walker; program convener, C. Rogers; refreshment convener, A. McIntyre.

J. Lawson has resigned from the Department of Health and has joined the R.C.A.F., stationed at Trenton, Ont.

General Hospital

B. Selfridge presided at the annual meeting of the alumnae association. The senior students of the school of nursing were guests at the meeting when it was decided to send a student to the C.N.A. biennial convention to be held in Quebec City in June. Reports showed that the past year had been a successful and busy one and the treasurer's statement indicated the alumnae was in good financial standing. The committee compiling the history of the school reported favorable progress.

The following officers will serve during the coming months: Honorary president, E. J. Mitchell; president, A. Ross; vice-presidents, Mrs. E. T. K. Mooney, A. Hanscome; secretary, M. Moore, assisted by L. Floyd; treasurer, Mrs. S. Rankine, assisted by B. Selfridge. The following will also assist in various capacities: V. Friars, S. Wetmore, Mmes

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University of Manitoba
Winnipeg, Man.

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- Course begins ***Aug. 25, 1952, Jan. 12, 1953,*** and ***May 4, 1953.*** Enrolment limited to a maximum of eight students.

For further information write to:

Supt. of Nurses, General Hospital, Winnipeg, Man.

R. Nason, M. O'Neal, L. Dunlop, W. McKinnon.

Lieut. N/S Janice Moore of Toronto and Fredericton, formerly of Hampton, has been posted to the British Commonwealth Hospital at Kure, Japan. The following are serving on the staff of S.J.G.H.: Night supervisor, S. Tedlie; recovery room supervisor, Mrs. G. Booth; M. Douglas. Flight Lieut. Ruth Chase of the R.C.A.F. has completed her flight nurse course in the U.S., Hawaii, and Tokyo and has been posted to Trenton, Ont. M. Coleman and L. Steeves have joined the R.C.A.M.C. and are stationed at Kingston, Ont. M. Moore is taking a post-graduate course in supervision in obstetrical nursing at McGill School for Graduate Nurses

St. Joseph's Hospital

A. M. McGloan is taking a post-graduate course in clinical supervision at McGill School for Graduate Nurses.

NOVA SCOTIA

HALIFAX

Halifax Infirmary

The School of Nursing held an impressive capping and candlelight ceremony in February when 35 students received their caps, this admitting them to the ranks of the "Juniors." Included in the group were four who are taking the Mt. St. Vincent Collegiate nursing course. Rev. Joseph E. Mills gave an inspiring talk, developing the ideals of the Christian nurse and pointing out their wonderful opportunities for service in a world which truly needs good women. Following the capping, five students were received into the Sodality of the Children of Mary. The psalms and prayers of Compline were then recited by all present and the ceremony ended with benediction of the Most Blessed Sacrament.

ONTARIO

DISTRICT 1

LONDON

Over 150 nurses from all parts of Western Ontario registered for the annual meeting of District 1 held at St. Mary's Hospital for

the Chronically Ill. The feature of the afternoon session was a panel on Geriatrics, led by Dr. O. W. Anderson of the University of Western Ontario Medical School. Other speakers included: D. Turner and Dr. H. McAlpine of the U.W.O. Medical School; Sr. Leonore, superintendent of St. Mary's Hospital; M. Smith, senior nurse, Middlesex Co. health unit; R. Arthur, V.O.N., St. Thomas; Rev. Fr. J. A. Cook, field secretary, Federation of Catholic Charities. Each speaker dealt with a different aspect of old age. Sessions were conducted by E. Horton, chairman of the 1952 executive.

Dinner was held in the nurses' residence of St. Joseph's Hospital when Major A. D. Adams of the Ontario Civil Defence Department addressed the group, remarking that "an atom bomb could certainly be dropped over Canada and even over London itself." Continuing, he said, "If we can train every registered nurse we will have accomplished a great deal toward preparing for defence at home." Major Adams also pointed out that Ontario has at present 13 courses on the Nursing Aspects of A.B.C. Warfare.

DISTRICT 2

GODERICH

Hilda Smith, has been appointed superintendent of Alexandra Marine and General Hospital, formerly serving on the Hamilton General Hospital staff. Lila Youngblut, who was acting superintendent, is now assistant superintendent.

DISTRICT 5

OSHAWA

Approximately $190 was realized from the selling of raffle tickets at the end of last year, a project sponsored by the Oshawa General Hospital Alumnae Association.

M. Dickie, who has been with Inland Missions in China until evacuated via England, recently returned to Toronto. J. Johnstone is at Sunnybrook Hospital. J. Hunter and F. Kerr have returned from the west, the former assisting Mrs. M. Chesebrough on the children's floor. Miss Kerr is a nursery supervisor at Grace Hospital, Toronto. J. Doyle and N. McColl are on the staff of the Hospital for Sick Children, Toronto. A. Aldous and D. Crosier are employed by Oshawa doctors. M. Gifford, after spending a year with the Grenfell Labrador Medical Mission stationed at Harrington Harbor, returned home last November. V. Adderly is taking a post-graduate course in neurosurgical nursing near Edinburgh, Scotland. O. Forsythe has returned from Scotland and is working in Toronto. R. Wee is in charge of the Red Cross Hospital at Emo in Northern Ontario.

Betty Cawker and Minnie Smith have been around the world in the last two years and told of their experiences at an alumnae meeting. After a period of floor duty in Edmonton the girls moved to Vancouver, saving toward their passage to New Zealand. After spending

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NURSING SUPERINTENDENTS, Grade 1, for the *Provincial Mental Hospital, Essondale, B.C.*

Salary: $238 rising to $288 per mo., including Cost of Living Bonus.

Qualifications: Eligible for registration in British Columbia & have a certificate in teaching & supervision & post-graduate study (or its equivalent) & experience in psychiatric nursing; must be capable of administration & supervision of a group of ward units.

Candidates must be British subjects & under 40 years of age, except in the case of ex-service women who are given preference.

Further information and applications may be obtained from **Director of Nursing, Provincial Mental Hospital, Essondale, or the B.C. Civil Service Commission, Weller Bldg., Victoria, B.C.**

THE BRITISH COLUMBIA CIVIL SERVICE *requires—*

PUBLIC HEALTH NURSES, GRADE 1— (for the Dept. of Health & Welfare, Province of British Columbia).

Salary: $221.50 rising to $248 per mo. Promotional opportunities available for *Public Health Nurses, Grade 2* — $238 rising to $263 per mo. (Inclusive of Cost of Living Bonus).

Qualifications: Candidates must be eligible for registration in British Columbia and have completed a University degree or certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province; cars are provided.) Further information may be obtained from the *Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria.*

Candidates must be British subjects, under 40 years of age, except in the case of ex-service women who are given preference. Application Forms obtainable from all *Government Agencies, the Civil Service Commission, Weiler Bldg., Victoria,* or *636 Burrard St., Vancouver 1,* to be completed & returned to the

Chairman, Victoria.

THE BRITISH COLUMBIA CIVIL SERVICE *requires—*

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Willow Chest Centre & George Pearson Units—Two hospitals located in Vancouver. All major services & student affiliation course. Registration in B.C. required. *Gross Salary:* $200.20 per mo.; annual increments of $5.00 per mo. (over 5-yr. period), rising to $233. No residence accommodation.

Tranquille Unit—350-bed T.B. Hospital, located 12 miles from Kamloops in southern Interior. All major services except student affiliation. *Gross Salary:* $207.35 per mo. rising to $238 per mo.; annual increments of $5.00 per mo. (over 5-yr. period). New modern residence — attractive bed-sitting rooms. Recreational facilities. Maintenance deduction: Room $5.00 — laundry $2.50. Excellent food at 30c per meal.

Conditions — All Units — 8-hr. day; 5¾-day wk., rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave, 18 days per yr. (12 cumulative). Promotional opportunities. Superannuation.

Write for information & applications to:

Supt. of Nurses in respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver 9, B.C.

six months there, they arrived in Australia. Before finally returning to Canada they had visited Ceylon, Suez, Gibraltar, British Isles, and all of Europe except those countries behind the Iron Curtain.

District 7

Brockville General Hospital

At the annual meeting of the alumnae association it was reported that the members of the graduating class had been guests at a dinner in June. In November graduate nurses from other hospitals who are on the staff of B.G.H. were entertained. The annual bazaar was also reported to be a great success. During the year two wheel-chairs were donated to the hospital's new wing and two library tables have been ordered for the students' library in the residence.

Last year's officers were returned for another year, with the exception of the treasurer. The slate of officers is as follows: Honorary presidents, A. L. Shannette, E. A. Moffatt; president, H. Corbett; vice-presidents, Mrs. H. W. Greene, R. Carbery; secretary, Mrs. H. Bishop; treasurer, Mrs. W. Stewart; assistant secretary-treasurer, E. Thorpe.

Meetings are held on the first Monday of each month, except during the summer.

District 8

Ottawa General Hospital and University of Ottawa School of Nursing

Sr. St. Veronica has returned to O.G.H. as hospital superintendent after an absence of several years at Spirit River, Alta. Sr. Françoise de Chantal, who has completed work on her master of science degree in nursing school administration at the Catholic University of America, Washington, has returned to the University of Ottawa School of Nursing to direct the course in nursing education. Sr. Jeanne Cecile, who obtained her B.Sc. degree in nursing from University of Montreal, is now superintendent of St. Vincent's Hospital, Ottawa. F. Fournier is with the Ontario Society for Crippled Children. M. T. Belliveau is on the staff of the St. Elizabeth Visiting Nurses' Association, Toronto. J. Maranger, M. Harrington, M. Moore, J. Myles, and O. Roach have accepted hospital staff positions in Los Angeles, Calif. L. Boudreault, J. Couture, M. Harbic, M. Kryski, G. Meloche, D. Tremblay, B. Vaillancourt, and H. Wallingford are taking public health at U. of O. R. McIsaac and H. McDonald are following the advanced course in public health nursing at University of Toronto. L. Sabourin is at U. of O. for the nursing education course.

District 10

Fort William

Sr. Patricia, director of nurses at St. Joseph's Hospital, Port Arthur, was elected president of the district at the 27th annual

meeting held at the McKellar Hospital. Delegates present from outside centres included: Sr. Landrie and Sr. Superior Poliquin, superintendent, Laverendrye Hospital, Fort Frances, and Mrs. E. Cox of Dryden.

Mrs. D. R. Easton, retiring president, conducted the business session of the district, which comprises the territory of Thunder Bay, Patricia, Kenora, and Rainy River. D. Colquhoun presented the financial statement and H. Keith gave a report of the board of directors meeting held in Toronto. Mrs. Easton reviewed the district's activities during the past year and pointed to a substantial increase in membership. The outstanding event of the past months was the acquisition of nurse legislation. Mention was made of the I.C.N. Congress to be held in Brazil in 1953 and of the courses in Civil Defence now available to all nurses across the country. E. Pepper, Department of National Health and Welfare, is coordinator for the R.N.A.O.

The guest speaker, Mrs. J. Dyke, was introduced by Sr. Patricia, who spoke on historical events of the Lakehead. She was thanked by J. Hogarth. Special thanks were extended to the press and guest speakers—E. Fenton, E. Seaman, Mr. R. Priestman, and Col. Tom Jones. Appreciation was expressed to Miss Hogarth, the district's first president, for her work through the years. S. Davidson moved a vote of thanks to the retiring officers.

The new executive includes: President, Sr. Patricia; vice-presidents, H. Keith, M. Pringle; secretary-treasurer, M. Kern. Additional members include: M. Flood, M. Edwards, E. Howard, M. Stitt, A. Malmborg, Miss Davidson, D. Adams, N. Clayton, A. B. Hunter, J. Hogarth, D. Shanahan, V. Weston, Mmes O. White, R. Cunningham, W. Geddes, E. Cox, Srs. Poliquin and Felicitas.

Port Arthur

The district entertained at a charmingly arranged tea, convened by Mmes H. Chase and W. Geddes and attended by more than 200 guests. Held at the General Hospital, many guests from both Port Arthur and Fort William were received by Mrs. E. Easton, district chairman, and Mrs. J. Raynard, president of the Ladies Auxiliary of the hospital. A. Hunter was tea-room hostess. Mrs. L. A. Remus, president, Ladies Auxiliary, McKellar Hospital, Mrs. L. A. Greene, president, Ladies Auxiliary, St. Joseph's Hospital, Alderman Eunice Wishart, Mmes R. R. Mutrie, A. H. Dowler, and Miss M. Flanagan poured. Assisting with serving were: J. Hogarth, E. Jowitt, H. Keith, A. Malmborg, D. Colquhoun, R. Reid, C. Connelly, D. Elliott, S. Davidson, B. Stock, and Mmes H. H. Styffe, E. B. C. Hague, R. Cunningham, W. King, M. Rutherford, J. Andrew, W. McLaren, W. J. Stirrett.

D. Shaw and C. Davidson presided at the cash bowl. The door prize was awarded to D. Shanahan. Mrs. J. Andrew won the cake donated by Mrs. Slater of Fort William. The draw was conducted by Mrs. W. McLaren.

SURGICAL NURSING

By Robert K. Felter, Frances West, and Lydia M. Zetzsche. A popular textbook with both students and instructors. Includes new treatments developed by war experience, new units in Orthopedics and Surgery of the Eye, Ear, Nose and Throat. 710 pages, fifth edition, 1950. $5.50.

MEDICAL NURSING

By Edgar Hull and Cecilia M. Perrodin. This widely-used textbook includes recent medical and nursing advances. New material covers skin diseases (two new chapters), diseases of the nose, throat and mouth, infectious diseases. 844 pages, 172 illustrations, fourth edition, 1950. $5.50.

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QUEBEC

MONTREAL

General Hospital

A bridge took the place of the regular alumnae association meeting in March. The Graduates Society of the Western Division entertained the Graduates Society from the Central at a bridge and canasta party.

E. Colley, who was recently on the staff of the Western Division, is now superintendent of the new hospital at Wakefield.

Royal Victoria Hospital

The alumnae association has an office in the nurses' residence as headquarters for the secretary-treasurer. The 1951 graduating class is to be congratulated in leading the province in passing their R.N. exams successfully. The graduate staff has been enrolled in a six-week course in Civil Defence. Mrs. G. Simpson and D. Gammon have been replaced by E. Gilliatt on Ward N.

QUEBEC CITY

Jeffery Hale's Hospital

Student nurses at J.H.H. are fortunate in that recreational facilities are provided for them at the Y.W.C.A. by the Board of Governors of the hospital. One of the projects is a basketball team made up of student nurses and coached by the physical education director at the "Y." For the past two years the nurses' team has won the City League Cup. As the group changes somewhat each year, with students graduating and affiliating, this presents difficulties. However, the team spirit remains high. Their mascot is a large panda dressed in a J.H.H. nurse's uniform—"Panda never misses a game!"

Photo by W. B. Edwards, Quebec City

In the photo may be seen, *top row, left to right:* H. GLENCROSS, A. MACKENZIE, J. CURODEAU, MRS. GRANT (coach), F. DAY, J. BAXTER, J. GOLDEN. *Bottom row:* R. WETMORE, B. SIMPSON, M. FULLERTON, J. BARTON.

SHERBROOKE

Mrs. R. Stewart's home was the scene of the annual meeting of Sherbrooke Hospital Alumnae Association when reports revealed a very successful year. Thirteen graduates were accepted as new active members.

The election of officers took place as follows: Presidents (jointly), Mmes N. S. Lothrop and H. Grundy; vice-presidents, Mmes W. B. Murphy, J. Colton; recording and corresponding secretaries, N. Beattie, Mrs. H. Gordon; treasurer, Mrs. G. Bryant; entertainment committee, Mrs. H. Leslie; flower and gift committee, Mrs. N. Coates. *The Canadian Nurse* representative is Mrs. E. Taylor.

At the close of the meeting refreshments were served by Mmes Stewart, Grundy, and Beaulieu.

SASKATCHEWAN

HUMBOLDT

The following courses have been given at St. Elizabeth's Hospital during the winter: A 30-hour Red Cross instructor course to 12 instructors by Mr. A. Batten, National Director, First Aid, Toronto; a 24-hour home nursing course (Red Cross and St. John Ambulance) to 24 women and girls by Srs. Hildegarde and Marcella; a 30-hour course to instructors on "Nursing Aspects of A.B.C. Warfare" by Sr. Perpetua and a 12-hour course to graduate nurses on the same subject by Sr. Rufina; a Red Cross first aid course to lay people by Srs. Perpetua and Loretta.

SASKATOON

The guest speaker at a meeting of Saskatoon Chapter was Dr. G. G. Binning, medical director for public schools, who discussed attendance, progress, and illness charts as used in the schools.

City Hospital

Representing the staff of the hospital, Mmes A. Woods and J. M. Yourk attended the V.O.N. annual meeting. The guest speaker was Dr. H. E. Johns, physics professor at the University of Saskatchewan, who gave an illustrated lecture on the Cobalt Bomb which has been introduced into the field of radiological treatment of cancer in Saskatchewan.

The three-storey addition to the nurses' residence was officially opened recently. Excellent living accommodation has been provided for 178 nurses in the residence which is a five-storey, fire-resistant structure. On each floor a lounge has been furnished by the W.A. Equipment for the kitchenettes on each floor was donated by the alumnae. A large recreation room has been furnished on the ground floor and a first-floor reception room has been extended. Other additions are an automatic elevator and brick-enclosed fire-proof stairways at each end of the building. A new library has been provided on the main floor.

The new recreation room in the nurses' residence was the scene of a candle-lighting ceremony when 43 members of the 1954-B Class received their caps. Mrs. N. Osiowy introduced the students and then, accompanied by their "big sisters," they entered in turn to receive their caps from Mrs. Yourk. A lighted candle was presented to each one by Mrs. H. A. Armstrong. Each newly-capped student was the recipient of a Nurses' Testament, presented by Mmes Anderson and Dewar on behalf of the Gideon Society.

D. Berregaard, Student Nurses' Association president, welcomed the students as new members of the association. Classes 1953-B and 1954-B supplied the talent for a variety program. D. E. Evans acted as master of ceremonies.

M. McCann has joined the Regina City Health Department and will take over the duties with the T.B. Clinic. She replaces Mrs. M. Burns who is leaving for Seattle, Wash.

St. Paul's Hospital

A capping ceremony and the entrance of 31 new Freshmen B took place in February. The Cultural Committee sponsored an interesting talk on "Natural Childbirth," given by Mrs. Ian M. Dickie, chartered physiotherapist. The annual Tea and Novelty Sale, sponsored by the second-year nurses, was a success. Srs. Superior and Quintal participated in the Civil Defence course given in the city.

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Instructor in Nursing Education for Manitoba Sanatorium, Ninette, Man. Starting salary & employee benefits will be found attractive by any qualified R.N. Particularly appropriate background of training & experience will receive special consideration. Duties include instructing junior nursing staff & small group of affiliate students. Applicants are requested to supply full personal particulars & enclose letters of recommendation when applying to Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Man.

Senior Science Instructor (1) & Instructor of Nursing Arts (1) for Aug. 1. Good personnel policies including pension fund. Apply, stating age, qualifications & experience, Director of Nursing, Civic Hospital, Ottawa, Ont.

Instructor of Nurses for Training School of 40 students. **Nursery Supervisor** for new Obstetrical Wing; **General Duty Nurses.** Apply Supt., Soldiers' Memorial Hospital, Orillia, Ont.

Instructors (2), Operating Room Supervisor (1), Obstetrical Supervisor (1), Staff Nurses (2) between March & Aug. for 100-bed hospital, 40 miles northeast of Edmonton. Salary at prevailing schedule, Cost of Living Bonus, 5% increase every 6 mos. 1 mo. holiday at end of 1 yr. service. 8-hr. day—1½ days off per wk. 1 long week-end ea. mo. Time allowed for statutory holidays. Apply Supt. of Nurses, Archer Memorial Hospital, Lamont, Alta.

Operating Room Nurse—post-graduate training not essential. All-graduate staff. 8-hr. day, 5½-day wk. Apply Director of Nursing, Children's Memorial Hospital, Montreal 25, Que.

Public Health Nurses for Township of Etobicoke staff. Allowance made for experience. Transportation allowance provided. Apply Medical Officer of Health, Township of Etobicoke, Municipal Bldg., 4946 Dundas St. W., Toronto 18, Ont.

Registered Nurses (2). Salary: $13 per 8-hr. day plus one meal. Apply Supt., W. J. Harrington, Harworth Hospital, 531 E. Grand Blvd., Detroit 7, Mich. (*Phone WAlnut 3-7319*)

Graduate Nurses for 80-bed General Hospital. Positions open all services. General Duty, $215 per mo.; $10 extra for evenings, nights & relief. Scrub Nurses, $225; $2.50 per call case. 6-mo. increases for 18 mos., merit thereafter. Maintenance available. 24 days paid vacation the 1st yr., 32 days thereafter. 1 day per mo. sick leave, cumulative to 45 days. 44-hr. wk. Apply Director of Nursing, Mahaska Hospital, Oskaloosa, Iowa.

General Duty Nurses for 430-bed hospital. 44-hr. wk. 11 statutory holidays. Salary: $215-253. Credit for past experience. Annual increments. Cumulative sick leave. 28 days annual vacation. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Staff Nurses for 250-bed hospital. Salary: $2,340 per annum. 45-hr. wk. 30 days holiday after 1 yr. service. Railway fare up to $50 refunded at end of 1 yr. **Nursing Arts Instructor, Science Instructor, Clinical Instructor**—with university post-graduate certificates. Salary: $2,760 per annum. For further information apply Director of Nursing, General Hospital, Port Arthur, Ont.

Registered Nurses for small Northern Hospital. Good salary. Generous holiday & sick leave. Apply Matron, Municipal Hospital, Beaverlodge, Alta.

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Ottawa 4, Ont.

General Duty Nurses urgently needed for R.W. Large Memorial Hospital of United Church of Canada at Bella Bella, 300 miles north of Vancouver on the B.C. coast. Salary: $210 per mo. less $40 for board, room, laundry of uniforms. 2 annual increments of $5.00 per mo. Sick time, 1½ days cumulative. 1 mo. annual holiday plus 10 days in lieu of statutory holidays. Transportation to Bella Bella refunded after 1 yr. service. Apply to Matron.

General Duty Nurses for 680-bed General Hospital with School of Nursing. Beginning salary: $255 with $10 additional for special increases, p.m. & night shifts. $13 increase after 6 mos.; $14 additional increase 1 yr. after 1st increase. 40-hr. wk. 11 paid holidays. 3 wks. vacation. Free laundry. Cumulative sick leave. Full maintenance if desired at $45 per mo. Apply Director, Nursing Service, General Hospital, Fresno, California.

Public Health Nurses. Due to recent annexation of additional area to city, public health nurses are required for generalized program with City of Kingston. Minimum salary: $2,200 with allowance for experience. Annual increment of $100. Cumulative sick leave. Pension plan & Blue Cross Hospital Plan available if desired. Cars supplied for transportation while on duty. Apply Mr. T. J. McKibbin, Sec., Board of Health, City Hall, Kingston, Ont.

General Duty Nurses. Basic monthly salary: $150 plus full maintenance for well equipped 70-bed hospital with all-graduate staff. Apply Supt. of Nurses, Douglas Memorial Hospital, Fort Erie, Ont. (10 min. from downtown Buffalo).

Nurse for modern 24-bed hospital with modern nurses' home. Starting salary: $165 per mo. with full maintenance. Usual raises. Vacations with pay & sick leave, etc. Apply Matron, Union Hospital, Vanguard, Sask.

Matron for new fully modern 36-bed hospital. Attractive surroundings & ideal working conditions. Separate nurses' residence. Cumulative sick leave. 1 mo. holiday after 1 yr. service. Duties to commence May 1. Apply, stating salary expected, qualifications & experience, Mrs. M. Hamilton, Sec.-Treas., District Memorial Hospital, Neepawa, Man.

Matron before Apr. 20 for 30-bed hospital with modern residence. 2 doctors in town of 1,400 pop. Salary: $215 per mo. plus board & room. 6 R.N.'s & 2 nurses' aides on staff. Write or wire J. H. Moysey, Sec.-Mgr., Union Hospital, Eston, Sask.

Clinical & Nursing Arts Instructors for 340-bed General Hospital in Winnipeg, preferably with 1-2 yrs. experience. For further information apply Director of Nursing, 20 Sherbrook St., Winnipeg, Man.

Clinical Supervisor for Obstetrical Dept. (1) & Instructor in Basic Science (1). Apply Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

Nursing Arts Instructor (position open now) & **Science Instructor** (position open Aug. 1) for 1,450-bed active treatment Mental Hospital conducting accredited School of Nursing. Gross minimum salary, including Cost of Living Bonus: $250 per mo. plus excellent holiday, sick leave & pension programs. Apply, stating qualifications & experience, Supt. of Nurses Provincial Mental Hospital, Ponoka, Alta.

Science Instructor & Clinical Supervisor for fall term. 120-bed hospital. 35 students. Salary open. Complete maintenance in comfortable suite. **Operating Room Nurse & General Staff Nurses** also. Apply Director of Nurses, Jeffery Hale's Hospital, Quebec City, Que.

Science Instructor (1) & Nursing Arts Instructor (1) for Aug. 1. New hospital to be completed next Fall. Salaries open. Apply Supt., Charlotte County Hospital, St. Stephen, N.B.

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Directrice Nationale, Service du Nursing,
La Société Canadienne de la Croix-Rouge,
95 rue Wellesley, Toronto 5, Ontario, Canada.

Nursing Arts Instructor; Clinical Instructor for Operating Room. 450-bed General Hospital. 150 students. Apply Director of Nursing, General Hospital, Saint John, N.B.

Instructor in Nursing Education to assist with post-graduate teaching program. **Instructor in Basic Sciences.** University appointment. **Asst. Supt. of Nursing Service.** Hospital appointment. **Clinical Instructor, Out-Patient Dept.** University & hospital appointment. **Operating Room General Staff Nurses.** For information regarding additional perquisites apply Professor of Nursing, University of Alberta, Edmonton, Alta.

Nursing Arts Instructor—nurse experienced in bedside nursing & ward administration with post-graduate course in teaching & supervision. Initial gross salary: $101 bi-weekly plus Cost of Living Bonus. **Clinical Instructors (3):** (a) preclinical students (b) medical (c) surgical. Initial gross salary: $101 bi-weekly plus Cost of Living Bonus. **Experienced Administrator** as Asst. in School of Nursing Office. Initial gross salary: $101 bi-weekly plus Cost of Living Bonus. **Instructor in Dietetics for Nurses**—Classroom, Dietetic Laboratories, Wards. Initial gross salary: $93 bi-weekly plus Cost of Living Bonus. For other perquisites—vacation, illness, pension, etc. & further information—apply Supt. of Nurses, General Hospital, Hamilton, Ont.

Science Instructor for Royal Jubilee Hospital School of Nursing, Victoria, B.C. Student body, 200. Instructor to have degree or certificate in teaching, with preparation & experience to teach sciences. Apply, stating qualifications, to Director of Nursing.

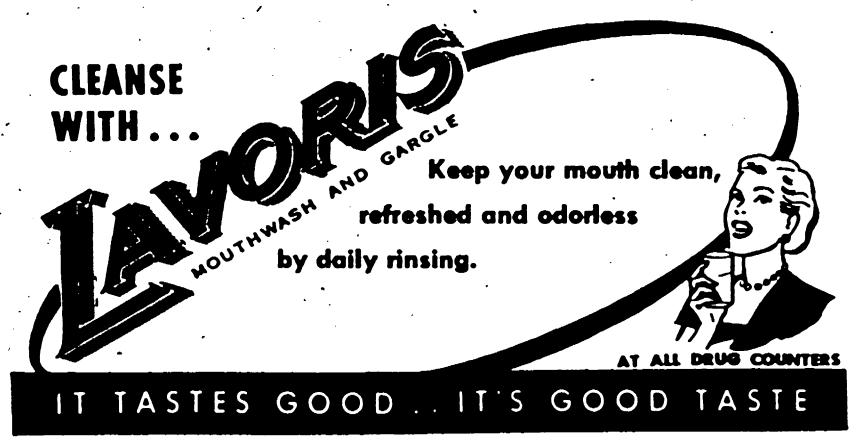
Asst. Supervisor of Operating Room—experience & post-graduate study necessary. Beginning salary not less than $167.50 plus 2 meals & laundry with additional recognition for graduate study & years of experience. Annual increments, vacation & sick time on salary. **General Duty Nurses.** Basic beginning salary: $147.50 plus 2 meals & laundry. 8-hr. day, straight shift. Evening & night duty differential. Vacation & sick time on salary. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Director of Nurse Education for 320-bed Sanatorium for Tuberculosis. Starting salary: $235 per mo. gross. Increase after 6 mos. 44-hr. wk. 3 wks. annual vacation. Pension Plan. Group Insurance. Blue Cross Hospital Plan. For further information apply Director of Nurses, Fort William Sanatorium, Fort William, Ont.

Night Supervisor, General Duty Nurses, Registered & Grace Maternity Graduates, Laboratory Technician. Apply, stating experience, Supt., Queens General Hospital, Liverpool, N.S.

Clinical Instructor in Communicable Disease. Salary range: $270-280 per mo. **General Duty Staff Nurses** for Medical, Surgical, Obstetrical & Communicable Disease Depts. & Operating Room. Salary range: $1.30-1.40 per hr. ($247-266 per mo. based on 44-hr. wk.). Planning for 40-hr. wk. Differential of $0.10 per hr. for evening & night duty. 3 wks. vacation with pay after 1 yr. service. 2 wks. paid sick leave. General Hospital, 14 miles from Chicago, near Lake Michigan. University affiliation. Apply Director of Nurses, Evanston Hospital, Evanston, Illinois.

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.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Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Public Health Nurses for clinic & home visiting program in tuberculosis. 5-day wk. 31 days holidays. Statutory holidays. Apply Supervisor, Public Health Dept., Royal Edward Laurentian Hospital, Montreal 18, Que.

Public Health Nurse by July 1 or later. Starting salary: $2,220. Previous experience qualifies for higher salary. Cost of transportation to Port Arthur refunded after working for 3 mos. Car allowance or free transportation while on duty. Pension plan after 3 yrs. service. Apply, stating qualifications & experience, Arthur H. Evans, Sec., Board of Health, Port Arthur, Ont.

Public Health Nurses for generalized program with City Health Dept. Salary: $2,400-3,000 Annual increment, $100. Sick leave plan. 4 wks. vacation. Pension plan & Blue Cross available Transportation provided. Apply Dr. A. F. Mackay, M.O.H., 65 Simcoe St. S., Oshawa, Ont

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Registered Nurses for General Staff for Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, Smiths Falls, St. Thomas, Toronto, Whitby, Woodstock. Gross salary: $2,260 per annum with maximum salary of $2,660, less perquisites ($26.50 for room, board, laundry). Cumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 44-hr. wk. Apply Supt. of Nurses at above hospitals.

Registered Nurses for General Staff in 21-bed hospital. Salary: $155 per mo. Room, board & uniform laundry provided. Rotating shifts—48-hr. wk. Blue Cross Plan. 3 wks. holidays after 1 yr. service. Apply Supt. of Nurses, General Hospital, Espanola, Ont.

Registered Nurses for St. Joseph Hospital, Mt. Clemens, Michigan. 25 miles north of Detroit, near Selfridge Air Force Base. Optional 40- or 44-hr. wk. **Staff Nurses:** $11 day duty; $12 afternoon or night duty. State Standards. Apply Director of Nursing Service.

Registered Nurses for 60-bed General Hospital. Salary: $150 per mo. plus full maintenance. 44-hr. wk. 3 wks. vacation. Apply Supt., Public Hospital, Smiths Falls, Ont.

Registered Nurses (2) for General Duty for 35-bed active General Hospital, 50 miles from Toronto. Salary: $178 gross. 3 wks. vacation. 48-hr. wk., rotating shifts. Apply Supt., Lord Dufferin Hospital, Orangeville, Ont.

Registered Nurses for General Duty for small General Hospital. Salary: $140 per mo. with full maintenance. 6-day wk. 8-hr. duty, rotating shifts. 3 increments of $5.00 per mo. at 6-mo. intervals. Blue Cross paid. 10 days sick leave per yr. 6 statutory holidays. 28 days holiday. Apply Lady Supt., Barrie Memorial Hospital, Ormstown, Que.

Graduate Nurses for completely modern West Coast hospital. Salary: $210 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Vancouver General Hospital invites immediate inquiries from **Graduate Nurses** for Staff Vacancies. Salaries: $222 as minimum & $258 as maximum per mo. plus shift differentials for evening & night duty. Employee benefits include: 44-hr. wk; 11 public holidays; 4 wks. vacation; 1½ days per mo. cumulative sick leave; pension plan if under 35. Acceptable qualifications for registration in B.C. necessary. Apply Director of Nursing, General Hospital, Vancouver 9, B.C.

Registered Nurses for General Duty in new 60-bed hospital on Lake Erie, 35 miles from Detroit. 8-hr. duty, rotating shifts. Apply District Memorial Hospital, Leamington, Ont.

General Duty Nurses (2) for 60-bed hospital. Salary: $150 per mo. with 3 annual increments of $5.00. 48-hr. wk. Straight 8-hr. duty. $5.00 extra for evening & night duties. Full maintenance. 4 wks. vacation at end of 1 yr. service. Apply Alexandra Marine & General Hospital, Goderich, Ont.

General Duty Nurses. Salary: $173.23 (one hundred seventy-three dollars & twenty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

General Duty Nurses (2) for 40-bed hospital. 44-hr. wk. 28 days annual vacation plus 10 statutory holidays. Annual increases & sick leave. Commencing salary: $200 plus $10 per mo. bonus. Full maintenance, $45 per mo. Apply Administrator, General Hospital, Princeton, B.C.

General Duty Nurses for Surgical Unit handling thoracic & orthopedic surgery. For further information apply Director of Nursing, Fort William Sanatorium, Fort William, Ont.

General Duty Nurses for Operating Room, Pediatrics & Surgical & Medical Nursing. For information & personnel policies apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Graduate Nurses for 60-bed Acute General Hospital, situated 150 miles northeast of Vancouver on B.C. coast. Salary: $222 per mo. less $25 for complete maintenance & laundering of uniforms. 4 wks. holiday with pay plus 10 statutory holidays. Transportation advanced if desired. Apply Matron, St. George's Hospital, Alert Bay, B.C.

Graduate Nurses for 56-bed hospital. Basic salary: $200 gross. $10 annual increments. Full maintenance $44. Excellent residence. Ample recreational facilities. Vacations, statutory holidays, sick allowance. Apply Supt. of Nurses, Wrinch Memorial Hospital, Hazelton, B.C.

Graduate Nurses (2) **for General Duty** for 6-bed hospital. Salary: $165 per mo. with full maintenance. Shift work. 8-hr. day, 6-day wk. Also position open for **Matron** in Sept. Salary: $185. Apply D. Johnson, Matron, Union Hospital, Arborfield, Sask.

General Staff Nurses for 60-bed Pediatric-Orthopedic Hospital. For information apply Director, Shriners' Hospitals for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

Graduate Nurses for General Duty in 200-bed hospital in Niagara Peninsula. Salary: Days $140; evenings $150; nights $145, plus full maintenance in attractive residence. 48-hr. wk., no broken shifts. 21 days vacation plus 8 statutory holidays. Train fare refunded at completion of 1 yr. service. Increments & cumulative sick leave. Apply Director of Nursing, County General Hospital, Welland, Ont.

Graduate Floor Duty Nurses for Mt. Hamilton Maternity Hospital, Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $79 plus Cost of Living Bonus. For other perquisites & further information write Supt.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross initial bi-weekly salary: $79 plus Cost of Living Bonus of approx. $3.00. 44-hr. wk. For other perquisites & further information write C. E. Brewster, Supt. of Nurses.

Educational Director for Royal Inland Hospital, Kamloops, B.C. 200 beds. 45 students. Also **Dietitian** (experienced) & **Registered Nurses for General Duty.** Apply Director of Nursing.

Science Instructor for Sept. 1. Full maintenance. Ideal living conditions. Apply Miss C. MacCullie, Director of Nurses, General Hospital, Woodstock, Ont.

Operating Room Supervisor. Salary: $210 per mo. gross. **Nursing Arts Instructor.** Salary $210 gross. **Science Instructor.** Salary: $225 gross. **Asst. Night Supervisor.** Salary: $190 gross. **Laboratory Technician.** Salary: $170-180 gross. **General Duty Nurses.** Salary: $165-175 gross depending on experience. 44-hr. wk. 2½ days holiday per mo. Half day on statutory holidays. 1½ days per mo. sick time cumulative to 30 days. Charge of $30 per mo. made for board & room. Apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Airline Stewardesses. Airline Co. has openings for stewardesses with following qualifications: Must be Registered Nurse; single; age 22-26; height 5'3"-5'7"; weight 110-125; good eyesight without aid of glasses. Salary range: $200-310 per mo. Apply, furnishing full details & enclosing recent full-length snapshot, Canadian Pacific Airlines, International Airport, Vancouver, B.C.

Registered Nurses & Licensed Practical Nurses for hospitals & fully modern outpost nursing stations. Beginning salaries—Registered Nurse: $2,300-2,720. Licensed Practical Nurses with 2 yrs. experience: $1,740-2,040. 44-hr. wk. 3 wks. leave with pay annually. Apply Indian Health Services, 522 Dominion Public Bldg., Winnipeg, Man. *Phone 927-100.*

Public Health Nurses (qualified) by Dept. of Public Health, City of Toronto, for generalized public health nursing service. Salary: $2,713 with yearly increases to $3,130. per annum. 5-day wk. Sick leave & Pension Plan benefits. Apply Dept. of Personnel, Rm. 320, City Hall, Toronto, Ont.

Registered Nurse as Asst. in Operating Room of 82-bed hospital with up-to-date equipment. Post-graduate preferred or equivalent experience in general surgery necessary. Opportunity for promotion to Supervisor in June. 30 days vacation. 12 days sick leave after 1 yr. All statutory holidays. Salary for Asst.: $185-210. For Supervisor: $195-220. (This is not a training school for student nurses.) Apply Supt. of Nurses, Union Hospital, Canora, Sask.

Registered Nurses (2) for new, well-equipped 82-bed hospital. Salary: $180 gross. 8-hr. day, 6-day wk. 1 mo. vacation. 12 days sick leave with pay after 1 yr. All statutory holidays. Private room in good residence. Wire or phone collect Supt. of Nurses, Union Hospital, Canora, Sask.

Registered Nurses (3) — 2 for General Duty & 1 with P.G. or Operating Room experience for 30-bed hospital at Dryden, Northwestern Ont., the heart of a tourist's paradise. Salary: $160 per mo. plus full maintenance. Salaries subject to annual increase. 1 mo. vacation after 1 yr. service. Successful applicants reimbursed rail fare on completion of 1 yr. service. Apply, stating when available, Mr. Fred Taylor, Box 526, Dryden, Ont.

General Duty Nurses for small General Hospital, 85 miles from Toronto. Salary: $155 per mo. plus full maintenance. Also **Nursing Asst.** Apply Supt., Louise Marshall Hospital, Mount Forest, Ont.

Graduate Nurses for 155-bed Sanatorium in Western Ont. **Scrub Nurse** for minor operating room. **General Duty Nurses.** 44-hr. wk. Full maintenance. Apply Director of Nursing, Freeport Sanatorium, R.R. 3, Kitchener, Ont.

Operating Room Nurse with post-graduate course for 70-bed hospital. For full particulars apply Matron, General Hospital, Whitehorse, Yukon Territory.

Registered Nurses (2) for 11-bed Obstetrical Dept. 8-hr. duty. 50-bed hospital. Apply, stating salary expected, General Hospital, Grey Nuns of the Cross, Mattawa, Ont.

Public Health Nurse for York Township. 5-day wk. Sick leave. Pension Plan. Apply Dr. W. E. Henry, Medical Officer of Health, 2700 Eglinton Ave. W., Toronto 9, Ont.

Nursing Arts Instructor. Nurse experienced in bedside nursing & ward administration with post-graduate course in Teaching & Supervision. Salary commensurate with experience. Starting minimum: $225. **Clinical Instructors.**—Surgical, Obstetrical Pediatrics. Nurse experienced in bedside nursing with p.g. course in Clinical Supervision. Apply Miss S. Davidson, Director of Nurses, McKellar General Hospital, Fort William, Ont.

Registered Nurses for General Duty for 50-bed hospital in town on Lake Ontario, near Toronto. Salary: $180 per mo. with additional $10 for 4-12 duty. Apply Supt. of Nurses, General Hospital, Cobourg, Ont.

Graduate Nurse for General Duty by June 1. Starting salary: $200 per mo. with annual increments of $5.00 per mo. Full maintenance $40. Statutory holidays paid. 28 days holiday after 1 yr. service. Usual sick leave. Apply Miss A. Naomi Pow, Supt. of Nurses, Slocan Community Hospital, New Denver, B.C.

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